山西医科大学从业人员基本情况登记表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 年龄 |  | | 照片 |
| 职务 |  | 工作岗位 | | |  | | |
| 籍贯 |  | | | | | | |
| 住址 |  | | | | | | |
| 联系电话 |  | | | 身份证号 | | |  | |
| 身份证复印件（正反面） | | | | | | | | |