**生物物理研究所拟聘人员婚育情况及体检结果审核表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 本人基本情况 | 姓名 | |  | | | | | | 性别 | | | |  | | | 身份证号 | | | | |  | | | |
| 出生日期 | |  | | | | | | 民族 | | | |  | | | 联系电话 | | | | |  | | | |
| 婚育情况  本人承诺所填写内容属实。  **签字：** | 婚姻 状况 | 未婚 | | | 初婚 | | | | | 离婚 | | | | | 再婚 | | 丧偶 | | | | 结婚日期 | | | |
|  | | |  | | | | |  | | | | |  | |  | | | |  | | | |
| 配偶情况 | 姓名 | | | |  | | | | | 性别 | | | | |  | | | | 民族 | | | |  |
| 出生日期 | | | | | |  | | | | | | | | 户籍所在地 | | | | | |  | | |
| 生育子女状况 | 无子女 | | | | | | | | | | | | | |  | | | | | | | | |
| 第一个子女 | | | | | | | | | | 姓名 | | | | | | |  | | | | | |
| 性别 | |  | | | 出生日期 | | | | | | |  | | | | 户籍所在地 | | | | |  | |
| 第二个子女 | | | | | | | | | | 姓名 | | | | | | |  | | | | | |
| 性别 | |  | | | 出生日期 | | | | | | |  | | | | 户籍所在地 | | | | |  | |
| 婚育信息审核意见 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 体检结果审核意见 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 医务室审核人员（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |