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| **绍兴银行柯桥支行暑期实践报名登记表**  编号： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人情况 | 姓名 | | |  | | | 出生  年月 | | |  | | | | 学历 | |  | | | | | | 学位 | | |  | | | | （近期照片或生活照，可附在后页） | | |
| 性别 | | |  | | | 院校 | | |  | | | | | | | | | | 专业 | |  | | | | | | |
| 出生地 | | |  | | | 籍贯 | |  | | | | 民族 | |  | | 入党(团)时间 | | | | | | |  | | | | |
| 身份证号 码 | | |  | | | | | | | 现户口  所在地 | | |  | | | | | | | | | | | | 身高 | | |  | | |
| 家庭  地址 | | |  | | | | | | | | | | | | 邮编 | | |  | | | | | 婚姻  状况 | | |  | | | | |
| 联系  地址 | | |  | | | | | | | | | | | | 邮编 | | |  | | | | | 联系  电话 | | |  | | | | |
| E-MAIL | | |  | | | | 手机 | | | |  | | | | | | 健康状况(曾患疾病) | | | | | | | | |  | | | | |
| 教育情况 | 阶段 | | | | 起止年月 | | | | 毕业院校 | | | | | | | | | | | | 专业 | | | | | | | 学位 | | | 学习形式 |
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| 奖  惩  情  况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作能力与客户资源 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭情况 | 称谓 | | 姓名 | | | 出生年月 | | 工作单位 | | | | | | | | | 职务/岗位 | | | | | | 政治  面貌 | | | 教育  程度 | | | | 联系方式 | |
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| 主要社会关系 |  | |  | | |  | |  | | | | | | | | |  | | | | | |  | | |  | | | |  | |
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| 是否有亲属在本行工作？如有，请写明其姓名、亲属关系、工作单位、部门、工作岗位及职务。如没有，请写否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 备  注 | | 我在此申明，本表中所提供的信息是全面而准确的。我承担因任何不实和遗漏而导致的责任。 我已阅读过上述内容，并做上述申明。  签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |