附件：

霍邱县医疗保障局医疗保障社会监督员申请表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 出生年月 |  | |  |
| 民族 |  | 在职(退休) |  | 政治面貌 |  | |
| 学历 |  | 微信号 |  | 健康状况 |  | |
| 手机号码 |  | | 身份证号 |  | | |
| 住址 |  | | | 单位（原单位）及职务 | |  | |
| 个人简历 |  | | | | | | |
| 个人申请意见 | |  | | | | | |
| 医疗保障局选聘意见 | |  | | | | | |