**附件二：**

**重庆中医药学院2025年技能竞赛免试生专升本**

**综合考查登记表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | 照片 | |
| 出生日期 |  | | | 性别 |  | 民族 | |  |
| 政治面貌 |  | | | 联系电话 | |  | | |
| 家庭住址 |  | | | | | | | |
| 身份证号码 | |  | | | | | | | | |
| 毕业院校（全称） | | |  | | | | 专业名称 | | |  |
| 免试资格所获奖项 | | |  | | | | | | | |
| 主办单位 | | |  | | | | 奖项等级 | | |  |
| 在校期间其他获奖情况 | | | | | | | | | | |
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