**附件一：**

**重庆中医药学院2025年退役大学生士兵专升本**

**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） | | |  | | | | | 毕业院校代码 | |  | |
| 毕业专科专业（全称） | | |  | | | | | 毕业专业代码 | |  | |
| 毕业时间 | | |  | | | | | | | | |
| 入伍时间 | | |  | | | | | 退役时间 | | |  |
| **立功获奖情况** | | | | | | | | | | | |
| 奖项名称 | | | | 获奖时间 | | | | | | | |
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