附件

湖南省农村订单定向免费培养医学生

农村户籍资格审核表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 考生姓名 | |  | | | | | 报 名 号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 照 | | | | | | | |
| 毕业中学 | |  | | | 身份证号码 | |  | |  |  |  |  | |  |  |  | | | | |  | |  | |  | |  | |  | | | |  | |  | |  | |  | |  | | 片 | | | | | | |
| 户口所在地 | |  | | | | | | | | | | | 户籍类别 | | | | | | | | | | | | □农业 □非农业 | | | | | | | | | | | | | | | | | |
| 申请报考类别 | | | 农村订单定向免费培养医学生 | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | | | | |
| 父亲、母亲或其他法定监护人信息（只填其中一人信息即可，父母双亡的才选填其他法定监护人） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与本人关系 | |  | | 姓名 | |  | | 身份证号码 | | | | | | | | | |  | | | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |
| 户口所在地 | | |  | | | | | | | | | | | | | | | | 户籍类别 | | | | | | | | | | | | | □农业 □非农业 | | | | | | | | | | | | | | | | | | |
| **户籍性质说明：**考生及父亲或母亲或法定监护人户籍在城乡分类代码确定的乡村区域（统计用区划代码和城乡划分代码第 15 位代码为“2”），或在我省户籍制度改革实施之前（2015 年 12 月 31 日前）户籍为我省实施区域的农业户口，且考生本人具有当地连续3年以上户籍的，均可视为农业户口。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 责任承诺 | 1、已熟知国家对高考弄虚作假的处理规定：对不符合有关规定，弄虚作假获获得录取资格，已被高校录取的，一律取消学籍，退回原籍，并严肃处理有关当事人。  2、我们对以上填报内容及提供审核资料的真实性、有效性负责，如有虚假，愿承担一切后果。  考生签字： 家长或法定监护人签字：  年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍所在地派出所意见 | 1、已确认考生户籍地填写无误，且该考生近3年间未发生跨县（市、区）异动（核算到高考当年9月1日止），所填报的户籍信息属实。  2、已确认考生所填父亲、母亲或其他法定监护人户籍类别为农业户口，所填报的信息属实。  经办人（签名） （单位公章）    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **填表说明： 1、本表原件交县级卫生健康行政部门存档被查。另需复印件8份，附在《农村订单定向医学生免费培养定向就业协议书》后。.**  **2、考生及有关部门应据实在符合的“□”内填“√”，在不符合的“□”内填“×”。**  **3、户籍类别为我省户籍制度改革之前户口本上登记的户籍类别。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |