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| 姓 名 | |  | 性别 | | |  | | 民族 | |  | | 政治面貌 | | |  | | | 照  片 |
| 出生年月 | |  | 参加  工作时间 | | | | |  | | | | 籍贯 | | |  | | |
| 户口所在地 | |  | | | 证件号码 | | | |  | | | | | | 证件  类型 |  | |
| 健康状况 | |  | | 视力 | | |  | | | 身高 | | |  | | 体重 |  | |
| 最后学历毕业学校 | | |  | | | | | | | | | | | 所学专业 | |  | | |
| 最后学历 | |  | | | | | 最高学位 | | | | |  | | | | 婚姻状况 | |  |
| 专业技术  职务 | |  | 专业技术职务等级 | | | |  | | | | | 应聘岗位名称 | | | | | “岐黄工作站”工作人员 | |
| 现工作单位 | | |  | | | | | | | | | 是否持有医师资格证书或医师执业证书 | | | |  | | |
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| 通信地址及邮编 | | |  | | | | | | | | | | 联系电话 | | |  | | |
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| 学习经历（从高中开始写起） | 起止时间 | | | | | | | | | | 学校 | | | | 所学专业 | | | 学习形式 |
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| 工作经历 | 起止时间 | | | | | | | | | | 单位 | | | | | | | 职称 |
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**福建中医药大学“岐黄工作站”工作人员招聘报名登记表**

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| **出版专著、发表论文情况** | | | | | | | | | | |
| 序号 | 发表或出版时间 | | 论文或著作名称 | | 刊物名称或专著出版社 | | 期刊收录  情况 | | 独作或第一作者 | |
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| **主持或参与的科研项目情况** | | | | | | | | | | |
| 序号 | | 项目起止时间 | | 项目名称 | | 项目等级 | | | | 排名位 |
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| **专利情况** | | | | | | | | | | |
| 序号 | | 专利授权时间 | | 专利名称 | | | | 排名位 | | |
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| **科研获奖情况** | | | | | | | | | | |
| 序号 | | 获奖时间 | | 获奖项目名称 | | 获奖等级 | | | | 排名位 |
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| **其它** | | | | | | | | | | |
|  | | | | | | | | | | |
| 应聘人员签名 | | 本人保证上述所填信息真实无误，如因填写有误或不实而造成的后果，均由本人负责。 | | | | | | | | |
| 签名： | | | | | | | | |
| 备注 | | 提交纸质版时需本人亲笔签字并贴一寸正面免冠彩照。 | | | | | | | | |