合肥市妇幼保健院博士引进报名表

姓 名

毕业学校

填报时间

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| **姓　 名** | | |  | | | | | | **性别** | | |  | | | | | **出生日期** | | | | | | | | |  | | | | | | **照片** | | | |
| **政治面貌** | | |  | | | | | | **民族** | | |  | | | | | **专业技术职务** | | | | | | | | |  | | | | | |
| **籍 贯** | | |  | | | | | | **婚姻状况** | | | | | | | |  | | | | | | | | | | | | | | |
| **现工作单位** | | |  | | | | | | **身份证号** | | | | | | | |  | | | | | | | | | | | | | | |
| **最高学历** | | |  | | | | | | **最高学位** | | | | | | | |  | | | | | | | | | | | | | | |
| **所学专业（按毕业证书上的专业规范填写）** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **毕业时间** | |  | | | | | | | **毕业学校** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **导师** | |  | | | | | | | **研究方向** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **联系电话** | |  | | | | | | | | | | | | | | | **E-mail** | | | | | | | |  | | | | | | | | | | |
| **配 偶 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** |  | | | | **出生日期** | | | | |  | | | | | | | | | **学历** | | | |  | | | | | | | **学位** | | |  | | |
| **毕业学校及专业** | | | | |  | | | | | | | | | | | | | | | | | | **毕业时间** | | | | | | |  | | | | | |
| **工作单位及职务（或职称）** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **子 女 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | **性别** | | | **出生年月** | | | | | | | | | | **学习或工作单位** | | | | | | | | | | | | | | | | | | | |
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| **学 习 简 历（从大学开始填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止年月** | | | | **毕业学校** | | | | | | | | | **所学专业** | | | | | | | | **学历/学位** | | | | | | | | **导师姓名** | | | | | **学习**  **形式** | |
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| **工 作 简 历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止年月** | | | | | **工作单位** | | | | | | | | | | | | | | | **职称** | | | | | | | | | | | **职务** | | | | |
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| **从事专业（研究方向）及工作情况（包括主要工作成就）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **近三年发表论文或著作**  （只填写5篇，并以附件形式提供全文） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 论文或著作名称 | | | | | | | | | | | 发表时间 | | | | | | | 作者  位次 | | | | | | 发表刊物及其论文收录或转载情况 | | | | | | | | | | | |
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| 另有论文（著作） 篇，详见附件。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **近三年主持或参与科研项目**  （请填写最重要的5项，其余项目以附件形式提交） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | | | | 起止时间 | | | | | | | 项目  级别 | | | | 本人  位次 | | | | 立项部门 | | | | | | 本人承担的任务 | | | | | | | |
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| **近三年获得专利**（实用新型、外观设计、软件著作权等）  （请填写最重要的5项，其余请以附件形式提交） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | | | | | | | | | | | | | 获得时间 | | | | | | | | | | | | 专利权人 | | | | | | | | |
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| **其 他 获 奖 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 相关证件扫描件或复印粘贴处： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **个人承诺** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人保证以上信息真实！若有虚假医院有权不予聘用。  签 名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |