附件2

合肥市第四人民医院

公开引进博士和急需紧缺人才报名表

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |