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| **天长市人民医院研究生招聘报名表**

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| --- |
| **基本信息** |
| 姓 名 |   | 性 别 |   | 民 族 |    | 出 生年 月 |   | 照片 |
| 出生地 |   | 户口所在地 |   | 政 治面 貌 |   |
| 身份证号码 |   |
| 现职称 |   | 现职称取得及聘任时间 |   |
| 执业  类别 |   | 执业资格取得时间 |   | 执业注册地点 |   |
| 联系电话 |   |
| 电子信箱 |   |
| 研究生类型 | □硕士研究生  □博士研究生 |
| □学术型      □专业型 |
| 毕业时能否取得学位证书 |   | 毕业时能否获得学历证书 |   |
| **主要****教育****背景** | **学习经历** | **起止时间** | **毕业院校** | **所学专业** | **研究方向** | **导师姓名** |
| **本科** |   |   |   |   |   |
| **硕士** |   |   |   |   |   |
| **博士** |   |   |   |   |   |
| **工作简历** | **起止时间** | **工作单位** | **从事工作** | **任职** |
|   |   |   |   |
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| **发表论文/出版专著情况（请注明发表状态及影响因子）** |
|        |
| **科研情况（请注明主持或参与课题的名称、等级及排名和申请专利情况）** |
|         |
| **获奖情况** |
|         |
| **配偶和子女情况** |
| 姓名 | 年龄 | 学历 | 专业 | 工作单位及职称（务） |
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| **其他需要说明的问题或补充材料** |
|       |
| 本人声明：以上所填写信息准确无误，如有不实，本人愿承担一切责任。                                  本人亲笔签名：             年    月    日  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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