**附件：**

**临沂市第三人民医院公开引进学科带头人报名表**

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| 姓名 |  | | | 性别 |  | | 出生日期 | | | |  | 上传近期彩色免冠照片 | | | | | |
| 现工作单位 |  | | | | | | 政治面貌 | | | |  |
| 全日制学历 |  | | | | 学位 | |  | | | | |
| 技术职务 | |  | | | 聘任时间 | | | |  | | |
| 行政职务 | |  | | | 任职时间 | | | |  | | |
| 任硕士生导师时间 | | |  | | 任职单位 | | | |  | | | | | | | | |
| 任博士生导师时间 | | |  | | 任职单位 | | | |  | | | | | | | | |
| 主要学习经历（从高中以后填起，包括国外教育经历） | | | | | | | | | | | | | | | | | |
| 起止年月 | | 毕业学校 | | | | | | 专业 | | | | | 学历 | | | | 学位 |
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| 主要工作经历（含国外研究工作经历） | | | | | | | | | | | | | | | | | |
| 起止年月 | | 工作单位（具体部门） | | | | | | | | 职务 | | | | | 专业技术职务 | | |
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| 国内外学术团体任职情况 | | | | | | | | | | | | | | | | | |
| 起止年月 | | 学术团体名称 | | | | | | | | | | | | | 职务 | | |
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| 近5年承担的省部级及以上科研课题及科研成果奖情况 | | | | | | | | | | | | | | | | | |
| 年 度 | | 课题或获奖种类 | | | | 课题或获奖项目名称 | | | | | | | | 排序 | | 等次 | |
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| 近5年以第一作者或通讯作者发表论文情况 | | | | | | | | | | | | | | | | | |
| 发表时间 | | 论文题目 | | | | | | | | 论文：刊物名称，卷（期），起止页码 | | | | | | | |
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| 业务能力  自我评价 | |  | | | | | | | | | | | | | | | |
| 本人保证以上所填内容属实。  签 名：  年 月 日 | | | | | | | | | | | | | | | | | |

联系方式：（手机） （电话）

电子邮箱：