**桂林医学院附属医院学科带头人应聘报名表**

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| 姓名 | | |  | | | 性别 | | | |  | | | 出生年月 | | |  | | | | 照片 | | |
| 民族 | | |  | | | 籍贯 | | | |  | | | 政治面貌 | | |  | | | |
| 执业范围 | | | | | |  | | | | | | | 宗教信仰 | | |  | | | |
| 执业证书取得时间 | | | | | |  | | | | | | | 身份证号 | | |  | | | |
| 最高职称 | | | | | |  | | | | | | | 应聘科室 | | |  | | | |
| 最高职称取得时间 | | | | | |  | | | | | | | 应聘职务 | | |  | | | |
| 联系方式 | | | | 通信地址 | | |  | | | | | | | | | 邮编 | |  | | | | |
| 邮箱 | | |  | | | | | | | | | 手机 | |  | | | | |
| 学习经历 | | 起止时间 | | | 学历 | | | | 学位 | | 毕业院校 | | | | 专业 | | | 研究方向 | 导师姓名 | | | 培养方式 |
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| 工作经历 | | 起止时间 | | | 工作单位 | | | | | | | | | | | | | 岗位 | | | 职务 | |
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| 近5年内受过的奖励或处分 | | | | | | | | | |  | | | | | | | | | | | | |
| 配偶信息 | 姓名 | | |  | | | | 出生年月 | | | |  | | 身份证号 | | |  | | | | | |
| 学历 | | |  | | | | 学位 | | | |  | | 毕业院校 | | |  | | | | | |
| 职称 | | |  | | | | 执业范围 | | | |  | | 所学专业 | | |  | | | | | |
| 工作单位及岗位 | | | | | | |  | | | | | | | | | | | | | | |
| 获得我院招聘信息渠道 | | | | | | | | □招聘会 □相关网站 □他人推荐（推荐人\_\_\_\_\_\_\_） | | | | | | | | | | | | | | |
| 声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。  亲笔签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |

注：1.请将报名表中所涉及的材料扫描，制作成WORD文档或PDF格式文件发送至桂林医学院附属医院人才办邮箱gyfyrcb@126.com 2.请将各层次学历学位证书、职称证书等材料电子版附后。

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| **学术论文 （填写要求：近五年代表论文，包括论文题目，发表杂志名称，第几作者，独/合箸，是否核心期刊，是否SCI/EI收录）** | | | | | | |
| 发表时间 | 论文题目 | 杂志名称 | 第几作者 | 独/合箸 | 是否核心期刊 | 是否SCI/EI等收录**（影响因子）** |
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**（请将学术论文证明材料电子版附后）**

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| **科研项目 （填写要求：包括项目取得年份，项目名称，级别，是否主持，完成情况）** | | | | | | |
| 立项年份 | 项目名称 | 级别 | 是否主持 | 完成情况 | 项目编号 | 经费 |
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**（请将科研项目证明材料电子版附后）**

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| **科研成果 （填写要求： 包括获奖项目名称，成果名称，级别，主持/第几完成人，获奖日期）** | | | | |
| 获奖项目名称 | 成果名称 | 级别 | 主持/第几完成人 | 获奖日期 |
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**（请将科研成果证明材料电子版附后）**

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| **其他获奖（填写要求： 包括获奖项目名称，级别，主持/第几完成人，获奖日期）** | | | | |
| 获奖项目名称 | 获奖名称 | 级别 | 主持/第几完成人 | 获奖日期 |
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**（请将获奖证明材料电子版附后）**