附件2

山东省血液中心2024年公开招聘博士研究生报名登记表

**应聘岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | | |  | | | | | 性别 | |  | | 出生年月 | | | |  | | | | | 一  寸  彩  色  照  片 | | |
| 政治面貌 | | | |  | | | | | 民族 | |  | | 籍贯 | | | |  | | | | |
| 身份证号 | | | |  | | | | | | | | | 学历/学位 | | | |  | | | | |
| 是否为在职人员 | | | |  | | | | 参加工作时间 | |  | | | 婚姻状况 | | | |  | | | | |
| 毕业院校 | | | |  | | | | | | | | | 毕业时间 | | | |  | | | 外语语种及水平 | | | |  |
| 工作单位 | | | |  | | | | | | | | | 职务/职称 | | | |  | | | | | | | |
| 移动电话 | | | |  | | | | | | | | | E-mail | | | |  | | | | | | | |
| 教育背景**（从高中教育阶段开始填写）** | | 起止年月 | | | | | 学位 | | | 毕业院校及院系 | | | | 所学专业 | | | | | | | 研究方向 | | | |
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| 工作经历 | | 起止年月 | | | | | 工作单位 | | | | | | | | | | | | | | | | 职称（职务） | |
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| 家庭成员及其主要社会关系 | | | 姓名 | | | 与本人关系 | | | | 出生日期 | | 政治面貌 | | | | 学历 | | | 工作单位及职务 | | | | | |
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| 科研项目及发表论文等情况 | **时 间** | | | | **论文题目/著作名/课题名称（承担任务）** | | | | | | | | | | **位次**  **（n/N）** | | | **期刊名/出版社/立项部门** | | | | | | |
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| 获奖情况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | | | | | | | | | | |
| **本人郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | |

**注：栏目如无信息请填写“无”；“获奖情况”请填写市厅以上获奖；本表正翻页打印**

山东省血液中心人事科制