附件2：

**北京市门头沟区妇幼保健院**

**引进高层次医疗卫生专业技术人才报名表**

**一、个人基本情况**

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| 姓名 |  | | 性别 |  | | 近期彩色  证件照 | |
| 身份证号 |  | | 籍贯 |  | |
| 政治面貌 |  | | 参加工作时间 |  | |
| 第一学历／学位 |  | | 第一学历毕业学校 |  | |
| 最高学历／学位 |  | | 最高学历毕业学校 |  | |
| 专业技术职称/取得时间 |  | | | 手机号码 | |  | |
| 现工作单位及部门 |  | | | 现任职务 | |  | |
| 通讯地址及邮编 |  | | | | | | |
| 户口所在省市县派出所 |  | | 档案存放单位 |  | | | |
| 申请岗位 |  | | | | | | |
| **1.1 学习经历（从本科填起）** | | | | | | | |
| **起止年月** | **学校名称（外国高校请注明所在国家）** | | | **专业** | **学历/学位** | |
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| **1.2 工作经历** | | | | | | |
| **起止年月** | **工作单位/机构** | | | | **职务/职称** | |
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| **1.3 参与重要学术团体及主要社会兼职情况** | | | | | | |
| **名称** | | **参与/受聘日期** | | **参加/兼职机构** | | |
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**二、主要学术成就**

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| **2.1 代表性成果（论文、著作）情况（限10项）** | | | | | | | | | |
| **成果名称** | | | **期刊或出版社** | | **发表年月** | | **被SCI、SSCI、A&HCI、ISTP、CSSCI收录情况，如有请列明** | | |
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| **2.2 主持的主要科研项目****（限5项，选择最具代表性项目）** | | | | | | | | | |
| **项目名称** | **项目性质**  **及来源** | | | **项目经费**  **（本人实际经费）** | | | **起始年月** | **终止年月** | **本人**  **排序** |
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| **2.3 所获主要奖项（限5项，选择最具代表性奖项）** | | | | | | | | | |
| **项目名称** | | **奖励名称及等级** | | | | **授奖单位** | | **获奖年月** | **本人**  **排序** |
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| **2.4 其他业绩成果** | | | | | | | | | |
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**三、工作设想及预期目标**

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**注：表格空间不够可加附页。**