**附件2：**

**江宁区卫生健康委员会所属事业单位2019年公开招聘**

**高层次卫技人才报名表**

**报考单位及岗位：**

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| 姓 名 | |  | 性 别 | | | |  | | | | | 出生  年月 | | |  | | | |  | | | |
| 民 族 | |  | 参加工作  时间 | | | |  | | | | | 籍 贯 | | |  | | | |
| 第一学历/学位 | |  | 毕业院校及时间 | | | |  | | | | | 专业 | | |  | | | |
| 最高学历/学位 | |  | 毕业院校及时间 | | | |  | | | | | 专业 | | |  | | | |
| 专业技术职务 | |  | 取得时间 | | | |  | | | | | 政治  面貌 | | |  | | | | 健康状况 | |  | |
| 家庭  住址 | |  | | | | | | | | | | 身份  证号 | | |  | | | | | | | |
| 联系  电话 | |  | | | | 户籍所在地 | | | | | |  | | | | | | | 婚姻状况 | |  | |
| 学  习  ︵  高  中  填  起  ︶  、  工  作  简  历 | | 起止时间 | 毕业院校或工作单位 | | | | | | | | | 专业或部门 | | | | | | | 任职情况 | | | |
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| 配偶情况 | | 姓 名 |  | 年 龄 | | | | | |  | | 毕业院校及专业 | | | |  | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | 职务 | | |  | | | |
| 子女 情况 | | 姓名 | 年龄 | | | | | 关系 | | | | | | | | 现在何处 | | | | | | |
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| **一、参加专业培训及获得培训合格证书情况** | | | | | | | | | | | | | | | | | | | | | | |
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| **二、参与科研项目及成果情况** | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 项目名称 | | | | 经费(万元) | | | | 起止年月 | | | | 主持或主要参与 | | | | 项目来源 | | | 研究成果使用情况 | |
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| **三、在专科建设发挥作用及本人医疗技术水平工作情况** | | | | | | | | | | | | | | | | | | | | | | |
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| **四、近五年来论文发表情况** | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 论文题目 | | | | | | | | | | 发表时间 | | | 期刊类别 | | | | 期刊名称 | | | |
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| 个  人  诚  信 | | **以上资料属实，如有虚假本人承担全部责任**  **个人签名：**  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | 年 月 日 | | | | | | | | | | | | | | | | | | | | |