**附件：**

**龙岩市第一医院小儿外科学科带头人选报名表**

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| **基本信息** | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 |  | | 民 族 | |  | | 出 生  年 月 | | |  | | | | | 照片 | |
| 出生地 |  | | | 户口  所在地 | | |  | | | | 政 治  面 貌 | | |  | | | | |
| 英语水平 | | | |  | | | 身份证号码 | | | |  | | | | | | | |
| 现职称 |  | | | | | 现职称取得及聘任时间 | | | | | | | | |  | | | | | |
| 执业 类别 |  | | | 执业资格取得时间 | | | | | |  | | | | | 执业注册地点 | |  | | | |
| 联系电话 | | | | | |  | | | | | | | | | | | | | | |
| 电子信箱 | | | | | |  | | | | | | | | | | | | | | |
| **主要**  **教育**  **背景** | **学历** | | **起止时间** | | | **毕业院校** | | | | | | | | | | **所学专业** | | | | **学习形式** |
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| **工作简历** | **起止时间** | | | **工作单位** | | | | | | | | **从事工作** | | | | | | **任职** | | |
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| **发表论文/出版专著情况（请注明发表状态及影响因子）** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **科研情况（请注明主持或参与课题的名称、等级及排名和申请专利情况）** | | | | | | | | | | | | | | | | | | | | |
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| **获奖情况** | | | | | | | | | | | | | | | | | | | | |
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| **配偶和子女情况** | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 年龄 | | 学历 | | | | 专业 | | | | | 工作单位及职称（务） | | | | | | | |
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| **其他需要说明的问题或补充材料** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 本人声明：以上所填写信息准确无误，如有不实，本人愿承担一切责任。  本人亲笔签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | |

**备注：请将此表（电子版）信息填写完整后，发送至dw2205004@163.com**