附件2

2024年苏州市相城区引进高层次卫生人才

报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** |  | | **性别** | |  | | | **民族** | | | | |  | | | | | **贴照片处** | |
| **出生年月** |  | | **年龄**  **(周岁)** | |  | | | **户籍**  **所在地** | | | | |  | | | | |
| **学历** |  | | **学位** | |  | | | **政治面貌** | | | | |  | | | | |
| **毕业院校** |  | | | | **毕业时间** | | |  | | | | | **所学专业** | | | | |  | |
| **工作单位** |  | | | | **参加工作**  **时间** | | |  | | | | | **从事专业** | | | | |  | |
| **专业技术**  **职称** |  | | | | **职务** | | |  | | | | | **联系电话** | | | | |  | |
| **身份**  **证号** |  | | | | | | | | | | | | | | | | | | |
| **通信**  **地址** |  | | | | | | | | | **邮政**  **编码** | | |  | | | | | | |
| **申报人才层次** | | |  | | | | | | | | | | | | | | | | |
| **应聘单位名称及单位代码** | | |  | | | | | | | | | | | | | | | | |
| **应聘岗位名称及岗位代码** | | |  | | | | | | | | | | | | | | | | |
| **主要学习经历（从大专或大学填起，包括国外学历）** | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | 学校名称 | | | | 所学专业 | | | | | | | | | 学历、学位 | | | |
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| **主要工作经历** | | | | | | | | | | | | | | | | | | | |
| 起止年月  （与参保缴费一致） | | | 工作单位及部门  （涉及医院，请注明等级） | | | | 职务 | | | | | | | | | 从事专业 | | | |
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| **近五年获批的科研项目（地市级及以上）** | | | | | | | | | | | | | | | | | | | |
| 序号 | | 项目名称 | | 起止时间 | | 项目来源与级别 | | | | | 资助金额（万） | | | | 排名 | | | | 完成情况  （在研、结题） |
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| **近五年学术奖励情况（地市级及以上）** | | | | | | | | | | | | | | | | | | | |
| 序号 | | 成果（项目）名称 | | 奖励名称 | | 级别 | | | | | 等级 | | | | 排名 | | | | 年份 |
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| **所在重点学（专）科情况（地市级及以上）** | | | | | | | | | | | | | | | | | | | |
| 序号 | | 学（专）科名称 | | 级别 | | 机构名称 | | | | | 专业/专科  名称 | | | | 获批年份 | | | | 是否为学科带头人 |
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| **入选的人才工程（地市级及以上）** | | | | | | | | | | | | | | | | | | | |
| 序号 | | 人才工程名称及层次 | | | | 级别 | | | | | | | | | 入选年份 | | | | |
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| **重要学术组织/期刊/会议兼职情况** | | | | | | | | | | | | | | | | | | | |
| 序号 | | 名称 | | | 级别 | | | | | | | 职务名称 | | | | | 任职起止时间 | | |
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| **近五年主要论文、著作情况（论文限第一/通讯作者）** | | | | | | | | | | | | | | | | | | | |
| 序号 | | 论文/著作名称 | | | 发表年份 | | | | 排名 | | | | | 出版（发表）机构 | | | | | SCI影响因子 |
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| **报名者承诺：以上填报信息完全符合事实，无故意隐瞒、虚假申报或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效；与应聘单位领导人员不存在须回避的关系。如有不实，一切后果由报名者自负。**  **报名者签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | |