附件2

# 安徽省第二人民医院专业技术人才引进报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | | |  | | | | 性 别 | | | | | |  | | | | | 出生年月 | | | | |  | | | 照片 | |
| 民 族 | | | |  | | | | 健康状况 | | | | | |  | | | | | 籍 贯 | | | | |  | | |
| 政治面貌 | | | |  | | | | 身高(cm) | | | | | |  | | | | | 体重(kg) | | | | |  | | |
| 第一学历 | | | |  | | | | 毕业学校 | | | | | |  | | | | | 专 业 | | | | |  | | |
| 最高学历 | | | |  | | | | 毕业学校 | | | | | |  | | | | | 专 业 | | | | |  | | |
| 家庭住址 | | | |  | | | | | | | | | | | | | | | 电 话 | | | | |  | | | | |
| 专业技术职务资格 | | | | | | | |  | | | | | | | | | | | | | 取得时间 | | | | | |  | |
| 学  习  、  工  作  简  历 | | | | | 起止时间 | | | 毕业院校 | | | | | | | | | | | | 工作单位及部门 | | | | | | | 任职情况 | |
|  | | |  | | | | | | | | | | | |  | | | | | | |  | |
|  | | |  | | | | | | | | | | | |  | | | | | | |  | |
|  | | |  | | | | | | | | | | | |  | | | | | | |  | |
|  | | |  | | | | | | | | | | | |  | | | | | | |  | |
|  | | |  | | | | | | | | | | | |  | | | | | | |  | |
| 爱人情况 | | | | | 姓名 | |  | | | | | 出生年月 | | | | |  | | | | | 毕业学校及专业 | | | | |  | |
| 现工作单位 | | | | | |  | | | | | | | | | | | | | | | 职业 |  | |
| 子女情况 | | | | | 姓名 | | | | 年龄 | | | | | | 关系 | | | | | | | | | | | 现在何处 | | |
|  | | | |  | | | | | |  | | | | | | | | | | |  | | |
|  | | | |  | | | | | |  | | | | | | | | | | |  | | |
| **一、参加专业培训及获得培训合格证书情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | |
|  |  | | | |  | | | | | | |  | | | | |  | | | | | | |  | | |  | |
|  |  | | | |  | | | | | | |  | | | | |  | | | | | | |  | | |  | |
|  |  | | | |  | | | | | | |  | | | | |  | | | | | | |  | | |  | |
|  |  | | | |  | | | | | | |  | | | | |  | | | | | | |  | | |  | |
|  |  | | | |  | | | | | | |  | | | | |  | | | | | | |  | | |  | |
| **三、在专科建设发挥作用及本人医疗技术水平工作情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |

**填表说明：请按实际情况填写电子版，双面A4纸打印并粘贴彩照（上传照片需彩色打印）。**