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| **张家港市第一人民医院博士后应聘申请表** | | | | | | | | | |
| **招收类型** | | | **□ 全职博士后 □ 兼职博士后** | | | | | | |
| **基本信息** | **姓名** | |  | **性别** |  | **籍贯** |  | | **照片** |
| **出生日期** | |  | | | **国籍** |  | |
| **博士毕业学校及**  **取得时间** | |  | | | **健康状况** |  | |
| **邮箱** | |  | | | **民族** |  | |
| **身份证** | |  | | | **手机号码** | |  | |
| **教育经历** | | | | | | | | |
| **起止年月** | | **毕业院校** | | | | **专业** | | **学位** |
|  | |  | | | |  | | 学士 |
|  | |  | | | |  | | 硕士 |
|  | |  | | | |  | | 博士 |
| **工作经历** | | | | | | | | |
| **起止年月** | | **单位** | | | | | | **职务** |
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| **是否有出国经历** | | **□是 □否**  **如选择是请备注** |  | | | | | |
| **博士期间承担（参与）科研项目及取得科研成果情况** | | | | | | | | | |
| **科研**  **项目** | **项目名称** | | | | **项目来源** | | **起止年月** | | **承担责任**  **（排名）** |
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| **发表的代表性学术论文** | | | | | | | | | |
| **发表**  **时间** | **论文题目** | | | **学术期刊名称 （注明中科院分区）** | | | **作者排名 （注明是否通讯作者）** | | **影响因子** |
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| **其他业绩成果** | | | | | | | | | |
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| **申请人 承诺** | | 本人承诺在本表中填写内容真实完整，无虚假填报情况。 | | | | | | | |
| **申请人签字： 日期： 年 月 日** | | | | | | | |