重庆医科大学附属儿童医院江西医院（江西省儿童医学中心）科室执行主任岗位应聘表

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| 姓名 | | | | |  | 性别 | |  | | | | 出生年月 | | | |  | | | | | | | 照片 | | | | |
| 国籍 | | | | |  | 民族 | |  | | | | 籍贯 | | | |  | | | | | | |
| 政治面貌 | | | | |  | 参加工作时间 | |  | | | | 专业技术  职务及聘任时间 | | | |  | | | | | | |
| 手机 | | | | |  | | | 电子邮箱 | | | |  | | | | | | | | | | |
| 最高学历学位及毕业学校和专业 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 现工作单位及职务 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 是否为博导及其他主要学术头衔和称号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 学习经历（从专业学习经历开始填起，含国外留学或进修） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | 学校 | | | | | | | | 专业 | | | | 学历学位 | | | | | | | | |
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| 工作经历（含博士后经历） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | 工作单位及部门 | | | | | | | | | | | 职务 | | | | | | | | | |
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| 主要学术任职（重要国际学会或学术期刊） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 学术成果（学术论文） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序  号 | | 论文题目 | | | | | | 刊物名称  （SCI请注明影响因子及分区） | | | | | 作者排名  （请列出所有作者，通讯作者用\*标注，本人姓名下面划横线） | | | | | | | | | | 出版日期 | | | 论文他引数 | |
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| 学术成果（专著） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 专著名称 | | | | | | 作者排名 | | | 出版社 | | | | | | 出版日期 | | | | | | 本人承担部分 | | | | 承担字数 |
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| 近5年发表论文和出版著作情况：   1. 以第一作者或者通讯作者身份共计发表研究论文 篇，其中SCI论文 篇，累计影响因子 分，单篇最高影响因子 分。   2、作为主编或者副主编编撰著作 部。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学术成果、项目 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称及编号 | | | | | | | 项目来源 | | 起止时间 | | | | | | 经费 | | | 本人排名 | | | | | 级别（如国家级、省部级等） | | | |
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| 学术成果（获权发明专利，限填本人排名前3名的专利） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | | | | 发明专利类型 | | | | | | 专利号 | | | | | | 本人排名 | | | | 获批时间 | | |
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| 主要获奖 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 奖励名称 | | | | | | | 本人排名 | | 获奖等级 | | | | 获奖时间 | | | | | | | | 颁证单位 | | | | | |
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| 其他需要补充的重要业绩成果或者材料 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 工作计划 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 主要家庭成员情况（姓名，年龄，学历，工作单位及职务） | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  签名 | | | 个人承诺以上内容全部真实可信，若有失实，责任自负。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

（本表可附页）