附件1

**河南省儿童医院博士后岗位报名表**

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| **一、申请人基本信息** | | | | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 |  | 出生日期 | |  | | | | 民族 |  | | | 本人照片 |
| 籍贯 | |  | | 政治面貌 | |  | | 毕业院校 |  | | | | | | |
| 学历 | |  | | 职称（如有） | |  | | 研究方向 |  | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | |
| 健康状况 | | |  | | 联系电话 | |  | | | | 电子邮箱 | | |  | | |
| **二、学习及工作简历（自本科起）** | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | 所 在 学 校 | | | | | | 专 业 | | | | | 学 位 | |
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| 工  作  实习  经  历 | 起止时间 | | | 所 在 单 位 | | | | | | 从事专业 | | | | | 工作岗位 | |
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| 个人科研情况（请列出个人论文、课题等科研情况） | | | |  | | | | | | | | | | | | |
| 个人声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。 | | | | | | | | | | | | | | | | |