武汉市中医医院博士后科研工作站

报名表

申 报 人:

单位（毕业院校）:

通讯地址:

联系电话: （办公） （手机）

填报日期:

填表日期 年 月 日

武汉市中医医院制

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| 姓 名 | |  | | | | 性 别 | | |  | | | 出生年月 | | | | |  | | | | 照片 | | | |
| 国 籍 | |  | | | | 民 族 | | |  | | | 政治面貌 | | | | |  | | | |
| 最高学历学位 | |  | | | | 毕业院校 | | |  | | | 专 业 | | | | |  | | | |
| 身份证  号码 | |  | | | | | | | | | | | | | | | | | | |
| 单位 | |  | | | | | | | 职 务 | | |  | | | | | 专业技术职称 | | | |  | | | |
| 联系电话 | |  | | | | | | | | | | 电子邮箱 | | | | |  | | | | | | | |
| **主要学习经历** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 何校、何单位学习、工作 | | | | | | | | | | | | | 所学（从事）专业及职务 | | | | | | | | | 导师 |
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| **主要工作经历（含进修培训经历）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 何校、何单位学习、工作 | | | | | | | | | | | | | 所学（从事）专业及职务 | | | | | | | | | 证明人 |
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| **主持（参与）的具体项目（课题、展会、赛事、重大工程/项目、研发计划）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | 起止时间 | | | | 经费总额 | | | | | | 经费来源 | | | | | 承担职务和具体任务 | | | | | | |
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| **获取专利情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | 类别 | | | | 获取日期 | | | | 批准机构 | | | | | 专利号 | | | | | | 专利  所有人 | | | |
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| **主要代表著作和论文** | | | | | | | | | | | | | | | | | | | | | | | | |
| 论著名称 | | | | 发表时间 | | | | | 排名 | | | 主要  合作者 | | | | | 出版（发表）机构 | | | | | 刊物类别 | | |
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| **获得奖项或荣誉** | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖项（荣誉）名称 | | | | 级别 | | | | | | 颁发机构 | | | | | | | | | 颁发时间 | | | | | |
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| **未来工作设想（科研工作计划）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人郑重承诺：本人以上所填写内容和提交材料均真实有效，不存在科研诚信问题和学术不端行为。  本人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

填 写 说 明

一、基本情况

1.“出生年月”栏填写应与身份证的出生年月一致，例如1989.01。

2.“政治面貌”栏按国家规范填写，如“中共党员”“民盟盟员”“民进会员”等。

3.“最高学历学位”栏以申报人获得的最高学历（学位）证书为准，例如研究生/博士。

4.“毕业院校及专业”栏填写申报人最高学历毕业证书中的毕业院校、专业。

5.“专业技术职称”栏以申报人获得的本行业最高资格等级为准。

6.“联系电话及电子邮箱”栏填写申报人常用手机号码和电子邮箱。

二、工作业绩情况

1.“主要学习和工作经历”栏按照时间**倒序**，简要、完整描述教育和工作经历，起止时间要连续。

2.“主持（参与）的具体项目”“获取专利情况”“主要代表著作和论文”“获得奖项或荣誉”栏按时间**顺序**由先至后填写近五年取得的成果。