**附件2：**

**山东中医药大学眼科研究所公开招聘人员报名表**

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、基本情况 | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | | |  | | 民族 | |  | | | | 出生年月 | | . |
| 籍贯 |  | | | 婚况 | | |  | | 专业 | |  | | | | 学历/学位 | |  |
| 政治 面貌 |  | | | 联系 电话 | | |  | | | | 身份证号 | | | |  | | |
| 最高学历 毕业学校 | | |  | | | | 导师（硕士以上填写） | | | | | | | |  | | |
| 外语语种及水平 | | |  | | | | 电子邮箱 | | | | | | | |  | | |
| 二、教育经历（从专业教育阶段开始填写） | | | | | | | | | | | | | | | | | |
| 学历/学位 | | 就读学校 | | | | | | 专业 | | | | | | | | 起讫时间 | |
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| 三、工作经历 | | | | | | | | | | | | | | | | | |
| 起讫时间 | | | 工作单位 | | | | | | | | | 职务/职称 | | | | | |
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| 四、论文论著（可自行加行） | | | | | | | | | | | | | | | | | |
| 题目 | | | | | | | | | | 位次（n/N） | | | 发表期刊或出版社 | | | | 发表年月 |
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| 五、参与科研情况（可自行加行） | | | | | | | | | | | | | | | | | |
| 课题名称 | | | | | | 立项部门 | | | | 位次（n/N） | | | | 承担任务 | | | 起讫时间 |
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| 六、获奖情况（可自行加行） | | | | | | | | | | | | | | | | | |
| 名称 | | | | | | | | | | 授奖单位 | | | | 授奖时间 | | | 位次（n/N） |
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| 七、其他（填是或否） | | | | | | | | | | | | | | | | | |
| 是否在校生 | | |  | | 是否受过刑事处罚 | | | | | | |  | | | | | |
| 本人承诺：所提供的个人信息和证明材料真实准确，对因提供有关信息、证件不实或不能按期毕业并获得岗位要求学历学位证书等情况造成的后果，责任自负。  考生签名： | | | | | | | | | | | | | | | | | |

**注意事项：**

1、应聘人员统一填写《山东中医药大学眼科研究所公开招聘人员报名表》，并将电子稿发送至组织人事科电子邮箱（zydykyjs@163.com）,邮件名称（包括附件）一律采用“报考岗位－姓名”方式命名，例如“脑病科－王明”。

2、应聘人员在报名当天需提交相关证明材料的原件及复印件，主要包括：国家承认的学历、学位证书，身份证、执业资格证等，同时提交《报名表》纸制版一份及《报名表》中所出现的论文论著、参与课题及获奖情况等证明材料。