**郑州大学第三附属医院博（硕）士毕业生应聘报名表**

**应聘科室**： **研究方向**： **导师姓名：**

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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 |
| 职称 | |  | | 政治面貌 | |  | | | 籍贯 | | | |  | | | 导师姓名 | | | | |  | | |
| 攻读学位 | | |  | 专业名称 | |  | | | 身份证号 | | | | |  | | | | | | | | | |
| 培养方式 | | |  | 有无医师资格证 | | | |  | | | | 有无规培证书 | | | | | |  | | | | | |
| 婚姻状况 | | |  | 配偶工作单位  及从事专业 | | | | | | |  | | | | | | | | | | | | | |
| 家庭住址 | | |  | | | | | | | | 本年度是否报考博士研究生 | | | | | | | | | | |  | | |
| 健康状况 | | |  | | 电子信箱 | | |  | | | | | | | | | 联系电话 | | | | |  | | |
| **二、学习及工作简历（自高中起）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| 曾担任职务  （注明起止时间） | | | |  | | | | | | | | | | | 是否同意调剂到  其他专业 | | | | | | | |  | |
| 外语能力（语种/级别） | | | |  | | | | | | 计算机能力/级别 | | | | | | | | | |  | | | | |
| 个人特长及优势 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 学位论文情况 | | | | 硕士论文题目 | | |  | | | | | | | | | | | | | | | | | |
| 博士论文题目 | | |  | | | | | | | | | | | | | | | | | |
| 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。  签名（请勿打印，须亲笔书写）： | | | | | | | | | | | | | | | | | | | | | | | | |