附件：

中南大学湘雅二医院科研助理报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 | | |  | | 民族 | |  | | | 出生年月 | | | |  | | （免冠照片） | |
| 拟应聘团队  （填项目负责人名字） | |  | | | | 籍贯 | | |  | | | | 政治面貌 | | | | | | |  | |
| 健康状况 | |  | | | 婚否 | | | |  | | | 英语水平 | | | | |  | | | | |
| 身份证号码 | | | |  | | | | | | | | | | | | | | | | | | | |
| 个人特长 | | | |  | | | | | | | | | | | | | | | | | | | |
| 联系电话 | | | |  | | | | | | E—mail | | | | |  | | | | | | | | |
| 联系地址及  邮编 | | | |  | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | | | | 姓名 | | | 工作单位 | | | | | | | | | | | | 职务/职称 | | | | 与本人关系 |
|  | | |  | | | | | | | | | | | |  | | | |  |
|  | | |  | | | | | | | | | | | |  | | | |  |
|  | | |  | | | | | | | | | | | |  | | | |  |
| 学习  经历 |  | | | 起止时间 | | | 毕业院校 | | | | | | | | | | | 所学专业 | | | | | 证明人 |
| 硕士 | | |  | | |  | | | | | | | | | | |  | | | | |  |
| 本科 | | |  | | |  | | | | | | | | | | |  | | | | |  |
| 其他 | | |  | | |  | | | | | | | | | | |  | | | | |  |
| 在校任职学生干部经历 | | |  | | | | | | | | | | | | | | | | | | | | |
| 工作经历 | | | 起止年月 | | | | | 工作单位 | | | | | | 工作岗位 | | | | | | | 职称/职务 | | |
|  | | | | |  | | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | | | |  | | |
| 资格证书  （计算机相关证书） | | | 证书名称 | | | | | 发证单位 | | | | | | 获得时间 | | | | | | | 有效期 | | |
|  | | | | |  | | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | | | |  | | |
| 获奖情况  (请注明获奖名称、时间及授予单位) | | |  | | | | | | | | | | | | | | | | | | | | |
| 主要工作业绩 | | |  | | | | | | | | | | | | | | | | | | | | |
| 备注 | | | 本人承诺以上填写内容均属实，如有不实之处，本人自愿放弃应聘资格。  应聘者签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | |