漳州卫生职业学院引进高层次人才情况登记表

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| **一、基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | |  | | 性别 | | | |  | | | 出生  年月 | | | |  | | | | | 1寸彩照 | | | | |
| 民族 | | | |  | | 身体  状况 | | | |  | | | 籍贯 | | | |  | | | | |
| 参加工作  时间 | | | |  | | 政治  面貌 | | | |  | | | 婚姻  状况 | | | |  | | | | |
| 职称 | | | |  | | 聘任  时间 | | | |  | | | 联系  电话 | | | |  | | | | |
| 身份证号 | | | |  | | | | | | | | | 主要研究生方向 | | | | | | | | |  | | | | |
| 现工作单位 | | | |  | | | | | | | | | 职务 | | | | | | | | |  | | | | |
| 学习情况 | 毕业学校 | | | | 所学专业 | | | | 学制 | | | 学历 | | | | | | 学位 | | | | | | 毕(肄)业  及时间 | | |
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| 工作简历 | 何年月至何年月 | | | | | 学习、工作单位 | | | | | | 任 职 | | | | | | | | | 备 注 | | | | | |
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| 进修情况 | 何年月至何年月 | | | | | 进修学校及单位、国别 | | | | | | 进修内容 | | | | | | | | | 备 注 | | | | | |
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| **二、主要学术成果（近五年）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、发表论文、论著情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出版专著 部，合著 部（其中：第一作者 部），译著 部。（其中代表作为：出版社出版）  发表论文 篇（第一作者），其中：国内一级权威期刊篇，CSSCI刊物/中文核心期刊篇；国际学术榜（SCI、EI、ISTP、SSCI）收录 篇，单篇论文影响因子在2.0以上 篇。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 论文著作名称 | | | | | 出版及发表年　月 | | | 出版社或期刊 名 称 | | | | | 论文级别 | | | | | | | 备 注 | | | |
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| 2、主持项目情况（省部级项目以上） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 纵向项目 | | | 项目级别 | | | | 项目名称 | | | | | | | 经费数 | | | | | 排名 | | | | | | 批准文号 | |
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| 横项项目 | | | 项目名称 | | | | | | | | | | | | 经费来源 | | | | | | | | | | 经费数 | |
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| 3、获奖情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目级别 | | | 项目名称 | | | | | | | | | | | | | | | | | 等级 | | | | | | 排名 |
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| **三、引进人才对引进后如何开展工作的设想** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、教学方面：拟开设哪些必修课程和选修课程，年讲授课程的时数等。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2、科研方面：主要科研方向，争取发表论文数量级别，出版论著、教材的总数；争取主持申报成功国家级、省部级科研项目等 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3、学科建设方面：主持或参与国家级重点学科（实验室）及一级学科博士授权点或省级重点学科（实验室）、博士或硕士学位点建设的申报工作 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4、其它方面： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺以上所填报内容完全属实。如有不实之处，一经查实，作自动淘汰处理，直至取消录用资格，本人愿承担与此相关的一切责任。    签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、用人单位情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考核  情况 | | 考核小组成员应到 人，实到 人，同意 人，不同意 人。  考核小组成员：  考核组长（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 体检  考察 | | 合格  人事处负责人（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 学  院  党  委  意  见 | | 同意引进！  学院党委负责人（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |