漳州卫生职业学院引进人才申报表

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| **一、基本情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | |  | | | 出生年月 | | | |  | | | 性别 | | | | |  | |  | | |
| 民族 | | | |  | | | 政治面貌 | | | |  | | | 籍贯 | | | | |  | |
| 身体状况 | | | |  | | | 婚姻状况 | | | |  | | | 参加工作时间 | | | | |  | |
| 现工作单位 | | | |  | | | | | | | | | | 职务 | | | | |  | |
| 职称 | | | |  | | | 聘任时间 | | | |  | | | 研究  方向 | | | | |  | | | | |
| 身份证号 | | | |  | | | | | | | | | | 联系电话 | | | | |  | | | | |
| 学习情况（从本科开始） | 所学专业 | | | | | 毕业学校 | | | | | 学制 | | | 学历 | | | | | 学位 | | 毕业时间 | | |
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| 工作简历 | 何年月至何年月 | | | | | | 工作单位 | | | | | | | 任 职 | | | | | | | 备 注 | | |
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| 进修情况 | 何年月至何年月 | | | | | | 进修单位、国别 | | | | | | | 进修内容 | | | | | | | 备 注 | | |
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| 家庭成员 | 姓名 | | | | 性别 | | 出生年月 | | | 称谓 | | | | 现单位、职务 | | | | | | | 户籍关系所在地 | | 是否  随迁 |
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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。  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** | | | | | | | | | | | | | | | | | | | | | | | |
| **系部**  **党政**  **联席**  **会议**  **意见** | | 对应聘人员的思想道德素质、身体心理素质、教学科研能力和发展潜力进行综合考核。  党总支书记签字： 主任签字：  （公章） （公章）  年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| **组**  **织**  **统**  **战**  **部**  **意**  **见** | | 负责人签字：  （公章）  年 月 日 | | | | | | | | | | | （  引  **党**  **政**  **办**  **公**  **室** | | | 负责人签字：  （公章）  年 月 日 | | | | | | | |
| **人**  **事**  **处**  **意**  **见** | | 根据《漳州卫生职业学院高层次人才引进实施办法（修订）》等文件精神及对拟引进人才的综合考核意见，建议该同志作为 人才引进，享受安家费 元，生活补助经费 元，科研资助费 元。  负责人签字：  （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| **学**  **院**  **意**  **见** | | 同意 同志作为 人才引进。    （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |