长安大学公开招聘医院副院长申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性别 | |  | | | 出生年月 |  | | | 彩色照片 | |
| 出生地 |  | | | | | 民族 | |  | | | 健康状况 |  | | |
| 政治面貌 |  | | | | | 学历学位 | |  | | | 职称 |  | | |
| 身份证号 |  | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | 手机 | | |  | | | |
| 通讯地址 |  | | | | | | | | | | 电子邮箱 | | | |  | |
| 参加工作时间 |  | | | | | | | | | | 工作单位 | | | |  | |
| 从事专业 |  | | | | | | | | | | 职务 | | | |  | |
| **教育经历（从大学填起，包括国外教育经历）** | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | 学校 | | | | | | | | | | 专 业 | |
|  | | | | |  | | | | | | | | | |  | |
|  | | | | |  | | | | | | | | | |  | |
|  | | | | |  | | | | | | | | | |  | |
|  | | | | |  | | | | | | | | | |  | |
| **工作经历（含国外访学研究经历）** | | | | | | | | | | | | | | | | |
| 起止年月 | | | 工作单位 | | | | | | | | | | 职 务 | | | 职 称 |
|  | | |  | | | | | | | | | |  | | |  |
|  | | |  | | | | | | | | | |  | | |  |
|  | | |  | | | | | | | | | |  | | |  |
|  | | |  | | | | | | | | | |  | | |  |
|  | | |  | | | | | | | | | |  | | |  |
| **主要获奖情况** | | | | | | | | | | | | | | | | |
| 年度 | | | | 奖励种类 | | | | | 获奖项目名称 | | | | 等次 | | | 排名 |
|  | | | |  | | | | |  | | | |  | | |  |
|  | | | |  | | | | |  | | | |  | | |  |
|  | | | |  | | | | |  | | | |  | | |  |
|  | | | |  | | | | |  | | | |  | | |  |
| **主要科研情况** | | | | | | | | | | | | | | | | |
| 年度 | | | | 项目种类 | | | | | 项目名称 | | | | 金额 | | | 排名 |
|  | | | |  | | | | |  | | | |  | | |  |
|  | | | |  | | | | |  | | | |  | | |  |
|  | | | |  | | | | |  | | | |  | | |  |
|  | | | |  | | | | |  | | | |  | | |  |
| **论文发表情况** | | | | | | | | | | | | | | | | |
| 题 目 | | | | | | | | | | 发表时间 | | | 刊物名称 | | | 贡献度 |
|  | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | |  | | |  | | |  |
| **专业技术职务（职称）** | | | | | | | | | | | | | | | | |
| 专业技术职务（职称） | | 获得资格时间 | | | | | 审批单位 | | | 聘任时间 | | | | 聘任单位 | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |
| **学术组织兼职情况** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **主要工作业绩，以及聘任为副院长后的工作设想** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **家庭成员及主要社会关系** | | | | | | | | | | | | | | | | |
| 称谓 | | 姓名 | | | | | 出生年月 | | | 政治面貌 | | | | 工作单位  及职务 | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |
|  | |  | | | | |  | | |  | | | |  | | |

以上信息经本人确认无误。

本人签名：

时间：