**附件**

**安徽中医药大学第二附属医院**

**2022年公开招聘博士研究生报名登记表**

专业：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 |  | | 民 族 | |  | | | 出 生  年 月 | | |  | | | | | 照片 | | |
| 出生地 |  | | | 户口  所在地 | | |  | | | | | 政 治  面 貌 | | |  | | | | |
| 英语六级证书号或分数 | | | |  | | | 身份证号码 | | | | |  | | | | | | | |
| 现职称 |  | | | | | | 现职称取得及聘任时间 | | | | | | | | |  | | | | | | |
| 执业 类别 |  | | | 执业资格取得时间 | | | | | |  | | | | | | 执业注册地点 | |  | | | | |
| 是否取得住院医师规范化培训证书 | | | | □是 □否 | | | | | | 规培证书取得时间 | | | | | | | |  | | | | |
| 联系电话 | | | | | |  | | | | | | | | | | | | | | | | |
| 电子信箱 | | | | | |  | | | | | | | | | | | | | | | | |
| 博士类型 | | | | | | □学术型博士 □专业型博士 | | | | | | | | | | | | | | | | |
| 毕业时能否取得博士学位证书 | | | | | |  | | | | | 毕业时能否获得博士毕业证书 | | | | | | | | | | |  |
| 主要  教育  背景 | 学习经历 | | 起止时间 | | | 毕业院校 | | | | | | | 所学专业 | | | | 研究方向 | | | | 导师姓名 | |
| 本科 | |  | | |  | | | | | | |  | | | |  | | | |  | |
| 硕士 | |  | | |  | | | | | | |  | | | |  | | | |  | |
| 博士 | |  | | |  | | | | | | |  | | | |  | | | |  | |
| 工作  简历 | 起止时间 | | | 工作单位 | | | | | | | | | 从事工作 | | | | | | 任职 | | | |
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| **发表论文/出版专著情况（请注明发表状态及影响因子）** | | | | | | | | | | | | | | | | | | | | | | |
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| **科研情况（请注明主持或参与课题的名称、等级及排名和申请专利情况）** | | | | | | | | | | | | | | | | | | | | | | |
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| **获奖情况** | | | | | | | | | | | | | | | | | | | | | | |
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| **配偶和子女情况** | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 年龄 | | 学历 | | | | 专业 | | | | | | 工作单位及职称（务） | | | | | | | | |
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| **其他需要说明的问题或补充材料** | | | | | | | | | | | | | | | | | | | | | | |
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| 本人声明：以上所填写信息准确无误，如有不实，本人愿承担一切责任。  本人亲笔签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |

备注：请应聘博士将此表（电子版）信息填写完整后，[发送至ahszjyyrsk@126.com](mailto:发送至ahszjyyrsk@126.com)。