中核四〇四医院学科带头人应聘报名表

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| 姓 名 | |  | 性别 |  | 出生年月 | |  | |
| 籍 贯 | |  | 政治面貌 | |  | | 婚否 |  |
| 家庭住址 | |  | | | | | | |
| 应聘岗位 | |  | | 身高/体重 | |  | | |
| 最高学历 | |  | | 职称或职务 | |  | | |
| 所学专业 | |  | | 联系电话 | |  | | |
| 主要经历（自高考后写起） | | | | | | | | |
| 起止年月 | | 在何地学习或工作，从事何专业 | | | | | 任职 | |
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| 主要工作业绩（科研获奖、课题、论文、著作等） | | | | | | | | |
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| 备  注 |  | | | | | | | |