广东省人民医院临床学科带头人报名表

**一、个人简介**

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| 姓名 | |  | | 国籍 | |  | 出生年月 |  | |  |
| 性别 | |  | | 籍贯 | |  | 政治面貌 |  | |
| 民族 | |  | | 户口所在地 | |  | 专技职称 |  | |
| 应聘专业 | |  | | 应聘层次 | |  | 硕/博导资格 |  | |
| 电子邮箱 | |  | | | | | 联系手机号 |  | |
| 现工作单位及职务 | |  | | | | | | | |
| 受  教  育  经  历 | 自何年月 | | 至何年月 | | 毕业学校、专业 | | | 学历 | 学位 | 培养方式 |
|  | |  | | （从最高学历开始填写） | | |  |  |  |
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| 工作及科研简历（含博士后、国内外访学经历） | 自何年月 | | 至何年月 | | 工作单位 | | 专技职务 | 行政职务 | | 工作身份 |
|  | |  | | （从最近开始填写） | |  |  | |  |
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**二、医疗科研教学情况**

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| **1.承担主要科研任务情况（按重要性排序填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目（课题）名称 | | | | | | 起止年月 | | | | | 经费  (万元) | | | 计划名称 | | | | | | | | 项目级别 | | | | 本人  排序  (N/M) | | | | | | 担任角色和任务 | | | |
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| **2.获得主要科研学术奖励情况（按重要性排序填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 获奖项目名称 | | | | | | | | 奖励名称 | | | | 等级 | | | | | | | 本人排序(N/M) | | | | 获奖  时间 | | | | | 授予  机构 | | | | | | |
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| **3.论文发表情况（“第一作者”或“通讯作者”的论文，按重要性排序填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 论文题目 | | | | | | | | | 本人排序(N/M) | | | | | 期刊名称 | | | | 年份、卷期及页码 | | | | | | 是否被SCI、EI收录 | | | | | | | | 分区 | | 影响因子 |
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| **4.出版专著、译著、教材、工具书情况（按重要性排序填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 书名 | | | | | | | | | 出版社，出版年度 | | | | | | 版数 | | | 本人撰写或参编字数 | | | | | | | | 类别（专著/译著/教材/工具书等） | | | | | | | 本人贡献排名/总人数 | |
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| **5.发明专利情况（按重要性排序填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 专利授权号 | | 专利保护期 | | 专利名称 | | | | | | | | | | | | | | | 专利类型 | | | | 授权国家 | | | | 参与人数/本人排名 | | | | | | 专利所有者 | |
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| **6.在重要国际学术会议报告情况（按重要性排序填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 报告名称 | 会议名称 | | | | 主办方 | | | | | | | | | | 时间 | | | | | | | 地点 | | | | | | | 报告类别 | | | | |
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| **7.学术团体任职情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 学术团体名称 | | | | | 职 务 | | | | | | | | | | | | | | 任职时间 | | | | | | | | | 换届时间 | | | | | |
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| **8.开展鲜明的医疗技术特色项目** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特色技术名称 | | | | | | | | | 2019年  开展例数 | | | | 2020年  开展例数 | | | | | | 2021年  开展例数 | | | | | 特色技术先进性 | | | | | | | | | | | | |
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| **9.培养研究生情况（完整培养硕士生、博士生人数，指导学生所获奖励等情况）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10.简要自我介绍和个人能力评价** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **推荐人或推荐单位** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：如您有人才头衔，请提供佐证材料。

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联系电话：020-83827812-20783