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编号：

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| **青海省高原医学人才储备调查表** | | | | | | | | | | |
| **A、基本情况** | | | | | | | | | | |
| 姓 名 |  | | | 曾用名 |  | | 性别 |  | | 照片 |
| 出生日期 |  | | | 籍贯 |  | | 民族 |  | |
| 居民身份证号码 |  | | | | | | 户口所在地 |  | |
| 出生地 |  | | | | | | 健康状况 |  | |
| 婚姻状况 |  | | | | | | 参加工作日期 |  | |
| 政治面貌 |  | | | | | | 入党时间 |  | |
| 文化程度 |  | | | 最高学位 |  | | 专业技术职务 |  | | |
| 专业类别 |  | | | | | | 现任行政职务 |  | | |
| 工作单位(全称) |  | | | | | | | | | |
| 单位所属  部门 |  | | | | | 单位所在政区 | |  | | |
| 院士名称 | 当选日期 | | | | | 所在学部及担任职务 | | | | |
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| 家庭住址及邮政编码 | | |  | | | | | | | |
| 单位地址及邮政编码 | | |  | | | | | | | |
| 单位电话 |  | | | | | 住宅电话 | |  | | |
| 手机号码 |  | | | | | E-mail地址 | |  | | |
| **B、学习简历**(从大学填起,含学位、培训情况) | | | | | | | | | | |
| 起止年月 | | 毕业或培训院校及系名称 | | | | | 专业 | | 学位 | |
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| **C、专业技术职务**(从中级职称填起) | | | | | | | | | | |
| **专业技术职务** | | **聘任日期** | | | | | **聘任单位** | | | |
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| **D、国内外主要学术组织兼职情况** | | | | | | | | | | |
| **学术组织名称** | | | | | **所担任职务** | | | | **参加时间** | |
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| **E、高原医学论文发表情况** | | | | | | | | | | |
| **论文名称** | | | | | **发表时间** | | | | **刊物名称及级别** | |
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| **F、高原医学专著发表情况** | | | | | | | | | | |
| **专著名称** | | | | | **出版时间** | | | | **出版社** | |
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| **G、高原医学专利申请** | | | | | | | | | | |
| **专利名称** | | | | | **申请时间** | | | |  | |
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| **H、获得奖励情况** | | | | | | | | | | |
| **奖励名称** | | | | | **授予单位** | | | | **奖励日期** | |
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| **I、主要业绩简述**(限500字) | | | | | | | | | | |
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|
| **J、报送意见** | | | | | | | | | | |
| 本 人  声 明 | **本人对以上内容的客观性和真实性负责。**  签名： 年 月 日 | | | | | | | | | |
| 单位组织  人事部门  审核意见 | （盖章）  年 月 日 | | | | | | | | | |
| 单位审核意 见 | （盖章）  年 月 日 | | | | | | | | | |