附件4

第 批北京市东城区中医适宜技术岗位能手申报表

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| 贴照  片处 |

申报单位（章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | 性别 | | |  | | 出生年月 | | | | |  | | | | | 学历 | | |  | | | | | 民族 | | | |  | | |
| 身份证号码 | |  | |  | |  |  | |  |  | |  | |  | |  | |  |  |  | | |  | |  | |  |  | | |  |  |
| 何时毕业于何校何专业 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医学学位 | | | | |  | | | | | | | | | | 现有  职称 | | | |  | | | | | 受聘  时间 | | | | |  | | | |
| 从事专业 | |  | | | | | | | | | 从事本专业工作时间 | | | | | | | | | | |  | | | | | | | | | | |
| 工作单位地址 | |  | | | | | | | | | 单位电话 | | | | | |  | | | | | 手机 | | | |  | | | | | | |
| 指导  老师  意向 | | 1. 2. 3.  服从调剂 □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历（可另附纸）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以往在国内外公开发行期刊上发表的论文及成果奖励： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请从事继承学习的理由、是否能保证教学计划的完成：    申报人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位推荐意见（政治思想表现、医德医风、临床工作能力等）：  负责人（签字）： 单位(章）  年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 东城区卫生计生委审核意见：  负责人（签字）： 单位(章）  年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |