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|  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓  名 | |  | | | | | 性别 | |  | | 出生  年月 | | |  | | | | | | | 贴近期正面免冠  彩色照片  （1寸） |  | | 民  族 | |  | | 政治面貌 | | |  | | 籍贯 | |  | | | 健康状况 | | |  | | | |  | | 身份证号 | |  | | | | | | | | 家庭住址 | | |  | | | | | | | |  | | 第一学历、毕业时间、毕业院校及专业 | | | | | | | | |  | | | | | | | | | | | |  | | 最高学历 | |  | | | | | 最高学历  获得时间 | |  | | 专业或研究方向 | | |  | | | | 学校 | | |  |  | | 职称、资格证书及编号 | |  | | | | | | | | | 报考岗位及专业 | | |  | | | | | | | |  | | 通信地址  联系方式 | | 通信地址：  电话：                         电子邮件： | | | | | | | | | | | | | | | | | | | |  | | 学习简历 | | | 起止年月 | | | 毕业院校及专业 | | | | | | | | 学历 | | 学位 | | | 学制（年） | | 培养方式 |  | |  | | |  | | | | | | | |  | |  | | |  | |  |  | |  | | |  | | | | | | | |  | |  | | |  | |  |  | |  | | |  | | | | | | | |  | |  | | |  | |  |  | |  | | |  | | | | | | | |  | |  | | |  | |  |  | | 工作简历 | | | 起止年月 | | | 所在单位 | | | | | | | | | | | | | 职称、职务 | | |  | |  | | |  | | | | | | | | | | | | |  | | |  | |  | | |  | | | | | | | | | | | | |  | | |  | |  | | |  | | | | | | | | | | | | |  | | |  | |  | | |  | | | | | | | | | | | | |  | | |  | | 配偶  情况 | | | 姓名 | |  | | | | 出生年月 | | |  | | | 身体状况 | | | | |  | |  | | 学历、学位 | | | | |  | | | | 所学专业及毕业学校 | | | | | | | |  | |  | | 现单位及职务（称） | | | | |  | | | | | | | 单位性质 | | | | |  | |  | | 子女  情况 | | | 姓名 | |  | | | | 出生年月 | | | | | | | | | | |  | |  | | 科研    情况 | （论文、参与或承担项目、著作、发明创造，可另附表）： | | | | | | | | | | | | | | | | | | | | | | | 奖惩    情况 |  | | | | | | | | | | | | | | | | | | | | | | | 自我    鉴定 |  | | | | | | | | | | | | | | | | | | | | | | | 应聘  工作  设想 |  | | | | | | | | | | | | | | | | | | | | | | | 其他  需要  说明  的情  况 |  | | | | | | | | | | | | | | | | | | | | | | | 本人承诺上述信息真实有效，否则，愿承担一切后果。             填写人（手写签名）：                     填写日期： | | | | | | | | | | | | | | | | | | | | | | | |  | |
| |  |  | | --- | --- | |  | IMG_256 | |