**上海市口腔医院（复旦大学附属口腔医院）**

**中层干部公开选拔竞聘报名表**

**应聘岗位：**

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| **姓 名** |  | **性 别** |  | | **出生年月** | |  | | **婚姻状况** | |  | | 贴照片处 |
| **专业技术**  **职称** |  | **学 历** |  | | **学位** | **全日制** | |  | | **政治面貌** |  | |
|  | | **在职** | |  | |
| **目前工作单位** |  | | | | **参加工作**  **时间** | |  | | | | | |
| **联系方式** | 手机：  邮件： | | | | | | 联系地址： | | | | | | |
| **教育经历**  **（自本科起）** | **起止时间** | | | **毕业院校** | | | **专 业** | | | | | **学 历** | |
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| **任职经历** | **起止时间** | | | **担任职务** | | | | | | | | | |
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| **目前担任社会或学术职务** |  | | | | | | | | | | | | |
| **社会、医院评优及获奖** |  | | | | | | | | | | | | |
| **科研及获奖情况（近五年发表论文，局级及以上课题及科研奖项等）** | **科研获奖：**  **课题获得及论文发表情况：**  **（不够请自行附页）** | | | | | | | | | | | | |
| **需要向医院说明的其他情况：** | | | | | | | | | | | | | |
| **以上信息属实，身体健康，自愿参加此次上海市口腔医院（复旦大学附属口腔医院）中层干部公开竞聘选拔。**  **申请人签名：**  **日 期： 年 月 日** | | | | | | | | | | | | | |

请于2025年9月23日24:00前将表格交至上海市口腔医院党委组织处。