附件3

**齐鲁医药学院“高端人才工程”报名登记表**

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| 姓名 | | |  | | 性别 |  | | 出生年月 | | | |  | | | 二寸彩色照片 | |
| 籍贯 | | |  | | 民族 |  | | 政治面貌 | | | |  | | |
| 最高学历/学位 | | | |  | | 专业技术职务资格 | | | | | |  | | |
| 毕业院校 | | |  | | | | | 引进类型 | | | |  | | |
| 工作单位 | | |  | | | | | 身份证号码 | | | |  | | | | |
| 联系方式 | | |  | | | 通讯地址 | | |  | | | | | | | |
| 参与科研项目及成果情况 | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | 项目来源 | | | | 起止年月 | | | 经费（万元） | | | 位次 |
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| 近五年来论文发表情况 | | | | | | | | | | | | | | | | |
| 序号 | | 论文题目 | | | | | 发表时间 | | | | 期刊类型 | | | 期刊名称 | | |
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| 从事行业内受过嘉奖情况 | | | | |  | | | | | | | | | | | |
| 与学校合作意向简述（专业建设、学科建设） | | | | |  | | | | | | | | | | | |
| 资格审查意见 | | | | | 年 月 日 | | | | | | | | | | | |

**注：引进类型填写全职或柔性**