附件：

河北省食品检验研究院博士后申请表

**申请博士后工作站（一级学科）： 合作导师：**

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| **姓名** | |  | | | | | | **性别** | | | | |  | | | | | **出生年月** | | |  | | | | **近期彩色**  **免冠照片**  **（1寸）** | | |
| **民族** | |  | | | | | | **籍贯** | | | | |  | | | | | **政治面貌** | | |  | | | |
| **最高学历** | |  | | | | | | **最高学位** | | | | |  | | | | | **婚姻状况** | | |  | | | |
| **博士毕业学科（一级学科）** | | | |  | | | | | | | | | **手机** | | | | |  | | | | | | |
| **申请人当前身份** | | | | | | | □统招统分 □在职人员 □无人事（劳动）关系人员 □其他\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **学习经历(从研究生开始）** | **学历** | | **学位** | | | | **学习时间**  **（起止年月）** | | | | **毕业院校** | | | | | **专业** | | | **毕业论文题目** | | | | | | | | **导师** |
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| **工作经历（含博士后经历）** | **工作时间 （起止年月）** | | | | | | | | **单 位** | | | | | | | | | | **岗位/职务** | | | **从事主要工作** | | | | | |
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| **论文情况** | **国内期刊** | | | | | | | | **篇** | | | | | | | | **国际期刊** | | | | | | **篇** | | | | |
| **时间** | | | | | | | | **名称** | | | | | | | | | | **发表刊物** | | | **刊物级别** | | | | **本人排名** | |
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| **配偶** | **姓名** | | | |  | | | | | **出生年月** | | | |  | | | | **民族** | |  | | | | **学历** | |  | |
| **现学习或工作单位** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **子女** | **姓名** | | | | |  | | | | | | **性别** | | |  | | | | **出生年月** | | | | |  | | | |
| **其他情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺以上所填写内容属实，并承担因提供虚假信息所造成的后果。**  **本人签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **合作导师意见** | **合作导师签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：1.本表所列内容，须由本人如实填写。**

**2.请附论文成果复印件，提交至设站单位审核。**