附件：

重庆医科大学附属口腔医院博士后申请表

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| 姓名 | | |  | | | | 性别 | |  | | 出生年月 |  | | | | | 籍贯 | |  | | |
| 拟进流动站 | | | | | | 重庆医科大学 | | | | | | 流动站所在院系 | | | | | 口腔医学院 | | | | |
| 联系电话 | | | | | |  | | | | | | **E-mail** | | | | |  | | | | |
| 联合培养工作站（限申请进入工作站者填写） | | | | | | | | | | | | | |  | | | | | | | |
| 合作导师 | | | | | |  | | | | | 研究方向 | | |  | | | | | | | |
| 学习经历 | 博士 | | | 毕业学校 | | | |  | | | | | | | 专业 | |  | | | | |
| 硕士 | | | 毕业学校 | | | |  | | | | | | | 专业 | |  | | | | |
| 学士 | | | 毕业学校 | | | |  | | | | | | | 专业 | |  | | | | |
| 工作经历 | | | | |  | | | | | | | | | | | | | | | | |
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| 代表性论文、著作情况 | | | | | | | | | | | | | | | | | | | | | |
| 1. 根据作者排序按从文章最新时间依次填写； 2. “作者排名”栏，若导师为第一作者或通讯作者以及同等贡献作者请注明； 3. “刊物类别”栏：分别标准SCI、EI、ISTP、SCIE、A＆HTC、SSCI、CSSCI、CSCD、中文核心。 | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 题目 | | | | | | | | 发表刊物或出版单位名称 | | | 年度期号 | | | 作者排名 | | 刊物类别 | | 期刊影响因子 | 引用次数 |
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| 主要研究情况 | |  | | | | | | | | | | | | | | | | | | | |
| 博士后研究设想 | |  | | | | | | | | | | | | | | | | | | | |
| 本人申明：  本表中所填写的内容及所提供的材料是真实准确的，如有不实之处，本人愿意承担相关责任。  申请人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |