附件1： 序号：

**第三期青年教师培训提高班报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性别** | |  | | **出生年月** | | |  | | | **现从事专业** | | |  | |
| **工作单位** |  | | | | | | | **学历** | |  | | | | **学位** | |  |
| **现职称** |  | | **现职务** | |  | | | | | | | | **外语水平** | |  | |
| **身份证号** |  | | | | | | | | | | | | | | | |
| **移动电话** |  | | | | | | **电子邮件** | | | |  | | | | | |
| **科研成果** |  | | | | | | | | | | | | | | | |
| **教学情况** |  | | | | | | | | | | | | | | | |
| **科室意见** | 负责人签字：  年 月 日（盖章） | | | | | | | | | | | | | | | |
| **医院审核**  **意见** | 负责人签字：  年 月 日（盖章） | | | | | | | | | | | | | | | |
| **市卫生健康部门意见** | 负责人签字：  年 月 日（盖章） | | | | | | | | | | | | | | | |
| **南京医科大学研究生院审核意见** | 负责人签字：  年 月 日（盖章） | | | | | | | | | | | | | | | |
| **南京医科大学康达学院备案** |  | | | | | | | | | | | | | | | |

（正反面打印）