附件

昆明医科大学留学人员联谊会入会申请表

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| 姓 名 | | | |  | | | | 性 别 | | |  | | 国 籍 | |  | | 照 片 | |
| 民 族 | | | |  | | | | 出生地 | |  | | 出生  年月 | | |  | |
| 政治面貌 | | | |  | | | | 最后学历 | |  | | 最后学位 | | |  | |
| 留学国家 | | | |  | | | | | | | | | | | | |
| 现状（请打√选择，若为“其他”请注明情况） | | | | | | | | 在 职 | | 离 退 | | 出国工作或学习 | | | 国外定居 | | 其 他 | |
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| 所在  单位 | 单 位 名 称 | | | | | | | | 工作单部门、科室及职务 | | | | | | | | | |
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| 邮 编 | | | | | | 电 话 | | | 手 机 | | | | | 电 子 邮 箱 | | | |
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| 国 内 外 主 要 学 习 经 历（从高等教育开始填写） | | | | | | | | | | | | | | | | | | |
| 国别 | | 起 止 时 间 | | | | | | | 学 校 名 称 | | | | | | 所 学 专 业 | | | 学 位 |
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| 国 内 外 工 作 经 历 | | | | | | | | | | | | | | | | | | |
| 国别 | | 起 止时 间 | | | | | | | 单 位 名 称 | | | | | | 所 在 部 门 | | | 职务/职称 |
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| 海 外 主 要 亲 友 | | | | | | | | | | | | | | | | | | |
| 与本人关系 | | | | | | 姓 名 | | | 性别 | 年龄 | 国 籍 | | | 何 处 任 何 职 | | 联 系 电 话 | | |
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| 主要著作、科研成果及受奖励和荣誉称号 | | | | | | | | | | | | | | | | | | |
| 时 间 | | | | | 名 称（著作科研成果等） | | | | | | | 级 | | | 荣誉称号、奖励 | | | |
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| 熟 悉 何 种 外 语 | | | | | | | | | 熟 练 程 度（请打√） | | | | | | | | | |
| 精 通 | | | 熟 练 | | | 良 好 | | 一 般 | |
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| 希望参加联谊会哪些活动和提供哪些服务 | | | | | | | | |  | | | | | | | | | |
| 申请人  签 名 | | | 年 月 日 | | | | | | | | | | | | | | | |
| 二级单位  意 见  （盖章） | | |  | | | | | | | | | 理事会审批  意 见  （签章） | | |  | | | |
| **备注** | | | 申请入会请参看《昆明医科大学留学人员联谊会章程》（昆医大党发〔2023〕105号）第三章内容。 | | | | | | | | | | | | | | | |