医师简历

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 现工作单位 | | |  | | | | | | | | |
| 专业方向 | | | | | | | | | | | |
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| 学习意向 | | | | | | | | | | | |
| 1、 | | | | | | | | | | | |
| 2、 | | | | | | | | | | | |
| 3、 | | | | | | | | | | | |
| 4、 | | | | | | | | | | | |
| 学习意向的特殊描述 | | | | | | | | | | | |
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| 基本信息（此项信息均来自签证申请表） | | | | | | | | | | | |
| 姓 名 | | |  | | | 性 别 | | | | |  |
| 出生日期  （年/月/日） | | |  | | | 参加工作时间 | | | | |  |
| 身份证号码  （18位） | | |  | | | | | | | | |
| 户口所在地 | | |  | | | | | | | | |
| 现家庭住址  邮政编码 | | |  | | | | | | | | |
| 家庭电话 | | |  | | | 婚姻状况 | | | | |  |
| 工作单位电话 | | |  | | | 传真号码 | | | | |  |
| 单位通讯地址  邮政编码 | | |  | | | | | | | | |
| 个人移动电话 | | |  | | | | | | | | |
| 电子邮件地址 | | |  | | | | | | | | |
| 学业经历 | | | | | | | | | | | |
| 时间 | | | 学校 | | | 专业 | | | | | 所获学历学位 |
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| 培训进修经历 | | | | | | | | | | | |
| 时间 | 培训机构 | | | | 培训内容 | | | 地点 | | | 所获认证 |
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| 出国经历 | | | | | | | | | | | |
| 时间 | | 哪个国家 | | 逗留时间段 | | | | | 出国事由 | | |
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| 外语能力 | | | | | | | | | | | |
| 第一外语 | | 所获证书 | | 颁发机构 | | | | | | 取得时间 | |
|  | |  | |  | | | | | |  | |
| 第二外语 | | 所获证书 | | 颁发机构 | | | | | | 取得时间 | |
|  | |  | |  | | | | | |  | |
| 工作经历 | | | | | | | | | | | |
| 时间 | | 工作单位 | | 科室 | | | 职位 | | | 职务 | |
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| 业务能力 | | | | | | | | | | | |
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| 学术成就 | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 社会兼职 | | | | | | | | | | | |
| 机构名称 | | | | | | | | | 职务 | | |
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填写要求：

1、请在填写本表时中文使用Arial，五号字体；英文及数字使用Arial，五号字体；

2、请务必遵照原表格式，不要随意改动简历中的项目名称。

3、请不要用粗体字和斜体字

4、名字填写入理：WANG Haiqiang

5、生日填写如例：1978.03.05

6、赴奥学习意向填写作为分配的依据，请按照现在从事的专业填写学习意向，不允许按照未从事的专业兴趣填写。

7、如果没有相应的内容填写，请在相应的栏目内填写“无”

RESUME

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| Current Crop.Name | | |  | | | | | | | | | | | | |
| Professional Direction | | | | | | | | | | | | | | | |
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| Expecting Professional Direction | | | | | | | | | | | | | | | |
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| 2、 | | | | | | | | | | | | | | | |
| 3、 | | | | | | | | | | | | | | | |
| 4、 | | | | | | | | | | | | | | | |
| Special Intention of description learning | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Personal Information (required for the application of Visa) | | | | | | | | | | | | | | | |
| Name | | | |  | | | | Gender | | | | |  | | |
| Date of Birth | | | |  | | | | Time to work | | | | |  | | |
| ID number | | | |  | | | | | | | | | | | |
| Hukou | | | |  | | | | | | | | | | | |
| Current address  Zip Code | | | |  | | | | | | | | | | | |
| Home photo number | | | |  | | | | Marital status | | | | |  | | |
| Office photo number | | | |  | | | | Fax number | | | | |  | | |
| Address/Zip Code | | | |  | | | | | | | | | | | |
| Mobile phone number | | | |  | | | | | | | | | | | |
| E-mail address | | | |  | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | |
| Date(y/m) | | | Institutions | | | | Major | | | | | Degree | | | |
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| Training | | | | | | | | | | | | | | | |
| Date(y/m) | | Name of Training Organization | | | | Course Name | | | | | Location | | | | Certificate |
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| Language Skills | | | | | | | | | | | | | | | |
| Language1 | Language&Grade | | | | Institution | | | | | | | | | Date(y/m) | |
|  |  | | | |  | | | | | | | | |  | |
| Language2 | Language&Grade | | | | Institution | | | | | | | | | Date(y/m) | |
|  |  | | | |  | | | | | | | | |  | |
| Work Experience | | | | | | | | | | | | | | | |
| Date(y/m) | Corp. Name | | | | Department | | | | Position | | | | | title | |
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| Skills Description | | | | | | | | | | | | | | | |
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| Achievement & Activities | | | | | | | | | | | | | | | |
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| Social works | | | | | | | | | | | | | | | |
| Corp. Name | | | | | | | | | | title | | | | | |
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