**潍坊医学院归国留学人员登记表**

填表日期： 2018 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | 出生年月 |  | | 籍贯 |  | 民族 |  | | 政治面貌 | |  | | （电子照片） | |
| 留学  国别 |  | | 学历  学位 | | |  | | | 毕业院校  所学专业 | |  | | | | | | | |
| 工作单位  及职务 | | |  | | | | | | | | | | | 职称 | |  | | |
| 人大政协职务 | | | |  | | | | | | | | | | | | | | |
| 加入其他留学人员组织及任职情况 | | | |  | | | | | | | | | | | | | | | | |
| 其他社会职务 | | | |  | | | | | | | | | | | | | | | | |
| 本人详细通讯地址 | | | |  | | | | | | | | | | | | | | 邮编 | |  |
| 联系电话 | 办公电话 | | |  | | | | | | | | | | | | 电子邮箱 | |  | | |
| 住宅电话 | | |  | | | | | | | | | | | |
| 手 机 | | |  | | | | | | | | | | | |
| 学  习  及  工  作  简  历 |  | | | | | | | | | | | | | | | | | | | |
| 主  要  贡  献  及  业  绩 |  | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | |