**XXX个人简历**

**××××××专业组**

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| 姓名 |  | 性别 |  | 出生年月 | |  | | 贴相片 | |
| 科室 |  | | | 办公电话 | |  | |
| 职称 |  | | | 行政职务 | |  | |
| 手机 |  | | | 电子邮箱 | |  | |
| 毕业学校 |  | | | 学历 | |  | |
| 联系地址 |  | | | 政治面貌 | |  | |
| 培训情况 | 颁证时间 |  | | 证书 | | 药物GCP□ 器械GCP□伦理培训证□ | | | |
| 颁证时间 |  | | 证书 | | 药物GCP□ 器械GCP□伦理培训证□ | | | |
| 颁证时间 |  | | 证书 | | 药物GCP□ 器械GCP□伦理培训证□ | | | |
| 参加学术  团体及任  职 |  | | | | | | | | |
| 工作简历 |  | | | | | | | | |
| 主要论文及  著作情况 | 论文著作名称 | | | | 刊物或出版社名称 | | 发表时间 | | 排名 |
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| 科研项目  及基金 |  | | | | | | | | |
| 新药临床  试验情况 |  | | | | | | | | |
| 业务能力  及特长 |  | | | | | | | | |

签名：

日期：