**CIPS医疗健康与生物信息处理专业委员会委员申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人资料填写** | | | | | | | | | | | | |
| 姓 名 | |  | | 性别 | | |  | 出生年月 |  | | 民族 |  |
| 身份证号 | |  | | | | | | 籍贯 |  | | | |
| 教育程度 | | 学位 |  | | 学历 | |  | 毕业院校 |  | | | |
| 专业 |  | | | | | 毕业时间 |  | | | |
| 单位名称 | |  | | | | | | 职 务 |  | 职 称 |  | |
| 手 机 | |  | | | | 座机 | |  | | 传 真 |  | |
| 单位地址 | |  | | | | | | | | 邮 编 |  | |
| **E-mail** | |  | | | | | | | | | | |
| **个人工作简历** | | | | | | | | | | | | |
| 单 位 名 称 | | | | | | | | 职 务 | | 起 止 时 间 | | |
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| 个人简介 |  | | | | | | | | | | | |

批复决定及批复人： 申请人： 日期：