附件1

**中国原子能科学研究院**

**以同等学力申请硕士学位人员登记表**

**姓 名：**

**所在单位：**

**从事专业：**

**攻读学位：**

**填表日期：**

**人力资源部 制**

填 表 说 明

一、填写内容详实。

二、一律用黑色碳素笔填写，字体要清楚整齐，不得涂改。

三、籍贯与现在家庭住址必须填写全称。

四、家庭成员系指直系亲属（父母、夫妻、子女等）及其他生活在一起，经济上互相依赖的成员。

五、填写完毕后应签名（或盖章），并贴上近期照片，按时上交。

六、**非原子能院职工**应在“所在单位意见”栏由所在单位人事部门签署是否同意申请意见并加盖公章。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 性 别 | | | | | |  | | | | | | | 政治面貌 | | | | | | |  | | | |  | |
| 曾 用 名 |  | | | | | | 出生日期 | | | | | |  | | | | | | | 民 族 | | | | | | |  | | | |
| 国 别 |  | | | | | | 籍 贯 | | | | | | 省 县  自治区 市 | | | | | | | | | | | | | | | | | |
| 身份证号 |  | |  |  | |  | |  | |  |  | | |  |  | |  | |  | |  |  | |  | |  | |  |  |  |
| 入学前最高  学历及证书号 | | |  | | | | | | | | | | | | | | | | | | | | | | | 婚 否 | | | | |  | |
| 毕业院校 | | |  | | | | | | | | | | | | | | | | | | | | | | | 毕业年月 | | | | |  | |
| 所学专业 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入学前最高学  位及证书号 | | |  | | | | | | | | | | | | | | | | | | | | 获学位年月 | | | | | | | |  | |
| 现工作单位 | | |  | | | | | | | | | | | | | | 技术职务 | | | | | |  | | | | | | 行政职务 | | |  |
| 现从事专业 | | |  | | | | | | | | | | | | | | 工作年限 | | | | | |  | | | | | | | | | |
| 拟申请  学科、专业 | | |  | | | | | | | | | | | | | | 导 师 | | | | | |  | | | | | | | | | |
| 研究方向 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人联系方式 | | |  | | | | | | | | | | | | | 本人常用邮箱 | | | | | | | | |  | | | | | | | |
| 家属现在住址  及邮编、电话 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担任过何  社会职务 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 掌握几种外国  语、程度如何 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时、何地因  何原因受过何  种奖励或处分 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本 人 学 习 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自何时起至何时止（注明年、月、日，自高中阶段起） | | | | | | | | | 学习或工作单位 | | | | | | | | | | | | | | | 证明人（现在何处、  任何职、政治面貌） | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| 本 人 社 会 及 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| 家 庭 成 员 和 主 要 社 会 关 系 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | 性别 | | | 出生年月 | | | | | | | 与本人  的关系 | | | | | | 政治面貌 | | | | | | 现在何处、从事何工作 | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |
| 其他需要  补充说明  的问题 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现从事专业技术工作业绩（包括发表文章、获奖等情况） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本  人  申  请  理  由 | | 申请人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 研究室  意见 | | 签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位  意见 | | 签字（公章）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人力资源部意见 | | 签字（公章）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |