|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **教学单位** |  | | **院系（科）室** | |  | | |
| **姓 名** |  | **性 别** |  | | **出生日期** | |  |
| **学历学位** |  | |  | |  | | |
| **讲授课程** |  | | **讲授课内容 （题目）** | |  | | |
| **教授课程所属学科类别** | □临床医学类 □医学技术类 □公共卫生与预防医学类 | | | | | | |
| **联系电话** |  | | **E-mail** | |  | | |
| **联系地址 /邮编** |  | | | **微信号** | |  | |
| **简历及曾获奖励：** | | | | | | | |
| **推荐单位意见：** | | | | | | | |

附件1

**郑州大学第三临床学院青年教师基本功比赛报名表**