**南昌大学江西医学院杰出校友**

**申 请 表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | **出生年月** |  | **照片** | |
| **现工作单位** |  | | | | | **政治面貌** |  |
| **通讯**  **地址** |  | | | | | **联系电话** |  |
| **曾在校学习** | | | | | | **曾在校工作** | | | |
| **学历层次** | | **年级** | | **专业** | | **在校时间** | **工作部门** | | **担任职务** |
| **继续教育□**  **本　　科□**  **硕　　士□**  **博　　士□** | |  | |  | |  |  | |  |
| **申报**  **杰出校友**  **业绩条件** | | （详细材料可附后） | | | | | | | |
| **本人签名** | |  | | | | | | | |