**北京遥测技术研究所调剂申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **个　人　信　息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | |  | | | | | | | 性别 | | | | | |  | | | | | 民族 | | |  | | | | | 籍贯 | | | |  | | | | | | 照 片  （电子版要求jpg格式  50k以内） |
| 身份证号 | | | | |  | |  |  | | |  | | |  | | |  | | |  | |  | |  | | |  | |  |  | |  |  | |  |  |  | | |  |
| 外语水平 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 出生年月 | | | | |  | | | | | |
| 政治面貌 | | | | |  | | | | | | | | | | | 是否患有过重大疾病及传染病 | | | | | | | | | | | | | | | | | | |  | | | | | |
| 身 高 | | | | |  | | | | | 体重 | | | | |  | | | | | | 生源 | | | | 省/直辖市 市/区 | | | | | | | | | | | | | | | |
| 手机号码 | | | | |  | | | | | | | | | | | | | | | | 电子邮箱 | | | | | | |  | | | | | | | | | | | | |
| 户口  所在地 | 家庭 | | | | | 地址：  所在派出所：　　 　省／直辖市　 　 　市／区　 　 　 　派出所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前 | | | | | 地址：  所在派出所：　　 　省／直辖市　 　 　市／区　 　 　　 派出所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兴趣爱好  个人特长 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本科期间情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业方向 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 毕业时间 | | |  | | | |
| 学位论文  题目及简介 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要社会实践活动（校内、校外）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 单位名称 | | | | | | | | | | | | | | | | 实践内容 | | | | | | | | | | | | | | | 证明人 | | | | | 联系方式 | | |
|  | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | |
|  | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | |
| **主要家庭关系** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与本人  关系 | | 姓名 | | | | | | | 年龄 | | | | 政治面貌 | | | | | | 现工作单位 | | | | | | | | | | | | | | | 职务 | | | | | 联系方式 | | |
|  | |  | | | | | | |  | | | |  | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | |
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| 自我介绍 | | 限（200字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 调剂渠道 | | | | □本校官网 □本校BBS □微信 □互联网（网址 ）  □ 航天专场宣传会 □APP（）  □个人推荐（包含老师、朋友、亲人等） □其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：本人保证以上填报信息全部属实，如有虚假，本人愿意承担所有相关责任。

填 表 说 明

1. 《北京遥测技术研究所调剂申请表》是调剂的必备材料，是应聘者情况的反映，是我们甄选的重要依据，请如实填写。除另有说明，表中内容不得留空，若无内容请填“无”。
2. 个人信息：

1）照片：邮件中请帖上一张50k以内的jpg格式的电子照片。

2）身份证号：每格填写一个数字。

3）政治面貌：指党员、预备党员、团员、民主党派、群众。入党时间是指党支部大会接收成为预备党员的时间。

4）身高以厘米为单位，体重以千克为单位。

5）生源：填写具体，如“\*\*省/直辖市\*\*市/区”。生源是指研究生或本科入学前原户口所在地。

6）家庭户口所在地：指父母户口所在地。

1. 社会实践活动：包括校内外兼职工作、勤工俭学、假期实习等经历。
2. 主要家庭关系：填写直系亲属，以及与本人关系较密切的亲友，主要包括兄弟姐妹、伯叔姑舅姨等。若父母已去世或离异，请根据实际情况注明“去世”或“离异”。

“本人关系”：请填写“父”、“母”、“兄”、“弟”、“姐”、“妹”、“儿”、“女”、“叔”、“姨”等。