

محل الصاق عکس

فرم درخواست پذیرش در دوره پسا دکتری

(فرم شماره 1)

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| 1. مشخصات فردی:

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| نام و نام خانوادگی: | شماره کد ملی: |
| شماره شناسنامه: | محل صدور: |
| تاریخ تولد: | محل تولد: | مذهب: |
| محل کار: | مجرد:🖵 | متاهل:🖵 |
| آدرس منزل: | پست الکترونیک: |
| تلفن محل کار: | تلفن منزل: | تلفن همراه: |

1. سوابق تحصیلات دانشگاهی:

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| مقطع تحصیلی | رشته | کشور محل تحصیل | شهر محل تحصیل | دانشگاه محل تحصیل | تاریخ شروع | تاریخ پایان |
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1. سوابق اشتغال متقاضی:

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| محل کار | واحد سازمانی | نوع مسئولیت | شهرستان | تاریخ ورود | تاریخ پایان | نشانی | تلفن |
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| 1. سوابق آموزشی و پژوهشی: چنانچه در دانشگاه­ها یا موسسات آموزش عالی و پژوهشی سابقه تدریس یا پژوهشی دارید. در جدول ذیل مرقوم فرمایید.

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| نام دانشگاه یا موسسه آموزشی و پژوهشی | عنوان درس­هایی که تدریس نموده یا می­نمائید. | تاریخ شروع | تاریخ پایان | آدرس موسسه | تلفن |
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1. رشته مورد تقاضا جهت پذیرش:

امضاء متقاضی |