

محل الصاق عکس

فرم درخواست پذیرش در دوره پسا دکتری

(فرم شماره 1)

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| 1. مشخصات فردی:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | مقطع تحصیلی | رشته | کشور محل تحصیل | شهر محل تحصیل | دانشگاه محل تحصیل | تاریخ شروع | تاریخ پایان | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  1. سوابق اشتغال متقاضی:  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | نام دانشگاه یا موسسه آموزشی و پژوهشی | عنوان درس­هایی که تدریس نموده یا می­نمائید. | تاریخ شروع | تاریخ پایان | آدرس موسسه | تلفن | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. رشته مورد تقاضا جهت پذیرش:   امضاء متقاضی |