**《中国矫形外科杂志》同行评议专家入库申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 |  | | | 出生年月 | |  | | | 孙磊 c2孙磊 c2孙磊 c2近  照 |
| 工作单位 | | |  | | | | | | | 邮 编 | |  | | |
| 毕业学校 | | |  | | | | | | | 学历学位 | |  | | |
| 政治面貌 | | |  | | 职务 | | |  | | | 职称 | |  | |
| 通信地址 | | |  | | | | | | | | | 联系电话 | |  | |
| 手 机 | | |  | | | | | | E-mail | | |  | | | |
| 专业方向 | | | 请填2个 | | | | | | 专业部位（打√) | | | 手与前臂、肩肘、上肢、上颈椎、下颈椎、胸椎、腰椎、骨盆、髋、膝、足踝和下肢 | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | |
| 所在单位  意见 | | | | 同 意  （盖章）  2021年 月 日 | | | | | | | | | | | |

注：此表可复印