附件2 推荐表（医学菁英人才）

**西安交通大学医学部**

**国家级后备人选支持计划推荐表**

申 报 人

申报单位

二级学科

申报项目

联系电话 （手机） 邮箱

**填表时间： 年 月 日**

**西安交交通大学医学部**

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| 一、基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学院 |  | | | | | | | | | | 姓名 | |  | | | | | | 性别 | | | | |  | | | | | 出生  年月 | | | | | |  | | |
| 最终学历 |  | | 最终学位 | |  | | | | | | 毕业  时间 | |  | | | | | | 毕业  学校 | | | | | | |  | | | | | | | | | | | |
| 职称 | | |  | | | | | | | | 任职  时间 | | 年 月 | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属二级学科及专业方向 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、学习（大学及以上）与工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | 学习或工作情况（详细注明学校、院系及专业） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 三、海外学习、工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出国（境）  时间 | | | 回国时间 | | | | 出访单位 | | | | | | | | | 出国（境）方式  （国家公派、单位公派、其他） | | | | | | | | | | | | | | | | 项目名称 | | | | | |
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| 四、教学工作主要业绩（近五年） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 五、临床工作主要业绩（近五年，仅临床申报者填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 六、承担科研项目情况（近五年） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 立项号及项目名称 | | | | | | | | 起止年月 | | | | | | 项目来源 | | | | | | | 项目经费 | | | | | | | | | | 主持/参与 | | | | | 排名 | |
| 合同经费 | | | | | | 累计到款 | | | |
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| 七、任现职以来发表论文情况（近五年） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第一作者或通讯作者发表高水平论文情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 论文题目 | | | | | | | | | 发表时间 | | | | 刊号及刊物名称 | | | | | 是否最具 | | | | | 本人排名  （通讯作者请注明） | | | | | 被SCI、SSCI、EI收录情况 | | | | | | 影响因子 | | | 他引  次数 |
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| 八、省部级以上获奖情况（近五年） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获奖年月 | | | 获奖项目名称 | | | | | | | 奖励等级 | | | | | 本人排名 | | | | | | | 授奖部门 | | | | | | | | | | | | | | | |
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| 获得其它学术荣誉、奖励或社会兼职情况 | | | 荣誉、奖励与社会兼职 | | | | | | | | | | | | | | | | | 获得/受聘日期 | | | | | | | | | | 授予/兼职机构 | | | | | | | |
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| 九、获得国家发明专利情况（近五年） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | | | | | | | | | | 专利授权号 | | | | | | | | | | | | | 授权时间 | | | | | | | | 本人排名 | | | | |
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| 十、主要学术成就简介（限1000字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 十二、其他需要说明的情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 承诺 | | 本人承诺以上所填内容属实。  申请人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学院审核材料是否属实  负责人： （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院党委考察意见（包括思想政治表现、医德医风、师德师风、学术素养等方面）  负责人： （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学院推荐意见（限500字）  负责人： （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医学部专家评审意见  组 长: 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医学部意见  负责人： （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |