陕西省卫生健康高层次人才（团队）培育计划

项 目 申 请 书

申报类别： □领军人才 □青年拔尖人才

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| 申 报 人： |  |
| 工作单位： |  |
| 学科领域： |  |
| 学科方向： |  |
| 主管部门： |  |
| 填表日期： |  |

陕西省卫生健康委员会 制

填 报 说 明

1．《申请书》的规格为297mm×210mm(A4纸)，没有字数限制的栏目纸面不够可另附页。除签章、盖章之外，其余内容一律宋体5号字打印。《申请书》和附件于左侧装订成册，勿另加封面。

2.请在申报类别栏相应“□”内划“√”。

3.“照片”应为近期小两寸正面免冠证件照。可以是胶质照片，也可以是直接打印的照片(500万像素及以上)。

4.请据实逐项填写申报书表格信息，没有的填写“无”，不空项漏项。

5.涉密材料请按保密规定报送。

6.对于“主管部门推荐意见”，各市（区）、省疾控局所属单位申报由所在市（区）卫生健康行政部门、省疾控局填写；省卫生健康委委直委管单位由本单位填写。

7.需提供的附件材料（请按下列顺序装订）：

（1）附件材料目录，包括附件页码；

（2）引进技术的申报书、伦理批件、获奖证明，单位证明、推广应用文件、图片等旁证材料；

（3）已完成项目的计划任务书、验收结项证书等复印件；

（4）已获科技奖励、荣誉称号等证书（证明）复印件；

（5）已授权的发明专利等知识产权旁证材料复印件；

（6）已发表论文首页复印件，SCIE/EI检索报告、JCR分区等旁证材料复印件；

（7）已出版著作封面、编者页、版权页复印件；

（8）申请者身份证、最高学历、学位证书、专业技术职务证书复印件；

（9）申请者认为有必要提供的其他材料。

一、基本信息表

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| 姓名 |  | 性别 |  | 出生年月 | |  | | 照片 |
| 职务 |  | 职称 |  | 政治面貌 | |  | |
| 国籍 |  | 民族 |  | 最高学位 | |  | |
| 工作单位 |  | | 通讯地址 |  | | | |
| 手 机 |  | | 电子信箱 |  | | | | |
| 研究工作  所属学科及代码 | 一级学科 |  | | | 二级学科 | |  | |
| 三级学科 |  | | | 研究方向 | |  | |
| **已取得的主要学术、技术成绩和贡献** | | | | | | | | |
| （应简明、扼要表述以申请人为主完成的科学发现、技术发明或技术创新要点，在学科发展、推动行业技术进步等方面做出的贡献，承担科学技术研究课题情况。总字数不超过600字。） | | | | | | | | |

二、受教育情况

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| --- | --- | --- | --- |
| 起止时间 | 所在学校、院、系 | 学历 | 取得的学位 |
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注：依据申请人接受的大学以上教育情况，按受教育的时间顺序填写。

三、工作简历

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| 起止时间 | 工 作 单 位 | 职务 | 职称 |
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注：依据申请人所从事过的工作经历的时间顺序填写。

四、近五年引进推广技术及效益

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| --- | --- | --- | --- | --- | --- |
| 序号 | 技术名称 | 技术先进程度  （1. 填补国内空白2. 填补省内空白3.填补市内空白） | 技术来源 | 推广情况 | 引进推广效益 |
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| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

注：按重要程度填写，不超过5项。

五、在研或已完成的科研项目

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 项目名称 | 计划下达单位 | 计划、基金名称 | 项目编号 | 资助金额 | 第几承担人 | 验收时间 |
| 1 |  |  |  |  |  |  |  |
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| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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注：所列项目是完成且验收通过代表性项目及在研项目，应在附件中提供计划下达单位的计划任务书（含项目承担人排序页）、验收结项证书复印件。应按重要程度填写，不超过5项。

六、曾获科技奖励情况

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| 序号 |  | 获奖项目名称 | 获奖时间 | 奖项名称 | 奖励等级 | 排名 | 授奖单位 |
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注：请按照科技奖励的影响大小顺序填写，领军人才不超过3项，青年人才不超过2项。应在附件中提供支持获奖（荣誉称号、表彰）情况成立的佐证材料复印件。

七、获得知识产权及成果转化、推广情况

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 专利获批时间 | 名称(含专利批号 ) | 成果转化  获批时间 | 专利授权及转化  (金额/万元) | 推广简要情况(详细情况附件说明，限200字) |
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注：作为权利人、发明人在国内外已获得授权的发明专利、计算机软件著作权、动植物新品种权和其他知识产权等。应在附件中提供支持申请人作为权利人、发明人已授权知识产权的佐证材料复印件。

八、代表性论文（“第一作者”或“通讯作者”的论文）

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 论文题目 | 所有作者（通讯作者请标注\*） | 期刊名称 | 年份、卷期及页码 | 被SCI、EI、ISTP等收录情况 | 影响因子 | 他引次数 |
| 1 |  |  |  |  |  |  |  |
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| 合 计 | | | | | | |  |
| 补充  说明 |  | | | | | | |

注：本表仅填写申请人作为第一作者、通讯作者代表性论文情况，不超过10篇，并对所列论文的SCIE他引次数和他引总次数进行汇总，填写在相应的合计栏内。同时应在附件中提供所列主要论文首页复印件、他人引用检索报告结论等旁证材料。对于某些学科论文没有通讯作者或第一作者概念的，表格相应栏目可不填写，但要在本页“补充说明”中加以说明。

九、出版著作情况

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| --- | --- | --- | --- | --- | --- |
| 序号 | 著作名称 | 作者 | 出版社 | 出版时间（年月） | 书号 |
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| 3 |  |  |  |  |  |
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注：本表仅填写申请人作为主编或副主编已出版的主要著作，不超过5部。同时应在附件中提供所列主要著作封面、作者页、版权页复印件等佐证证材料。

十、主持或参与指南/医疗卫生行业标准/诊疗方案编制情况

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| --- | --- | --- | --- | --- | --- |
| 序号 | 制定时间 | 名称 | 类别（国际、国家、省级） | 应用范围 | 承担的工作内容 |
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注：提供相应佐证材料。

十一、当前研究基础及未来研究计划（请按提纲编写,各栏可依内容扩展）

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| **申报【领军人才】填写** |
| **（一）当前研究基础。**相关研究方向的主要科研产出及成果转化情况，人才培养、团队建设情况、现有科研条件及环境（800字以内）  **（二）未来研究计划**  1.拟开展的研究在国内省内同领域所处的地位（200字以内）  2.研究主要内容及创新点（500字以内）  3.开展的研究对提升相关领域科技创新能力和发展战略性新兴产业等的主要作用（300字以内）  4.科研组织管理、省内外合作设想（200字以内）  5.个人能力提升、人才培养和团队建设（200字以内）  6.支撑保障条件需求（200字以内） |
| **申报【青年拔尖人才】填写** |
| **工作设想**（逐项说明获资助后拟达到的总体目标、拟解决的科学或技术难题、工作方式、预期成果及现有基础、团队等，字数不超过800字） |
| **工作基础及具备的基础条件**（拟开展的研究工作前期准备以及具备的经费、人力、设备、设施等情况） |
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十二、经费预算

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| 经费来源 | 预算金额（万元） | 备 注 |
| 申请省财政拨款 |  |  |
| 所在单位配套 |  |  |
| 其他 |  |  |
| 经费合计 |  |  |

注：1.省财政资助领军人才经费为20万元；青年拔尖人才经费为10万元。

2.所在单位按照不低于1:1的比例予以配套经费支持。

十三、材料真实性承诺

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| 本人保证所提交材料真实有效，如有不符或虚假，本人愿意承担相应责任并接受相应处理。  申请人签名：  年 月 日 |

十四、科研诚信承诺

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| 申报对象诚信状况良好，无在惩戒执行期内的科研严重失信行为记录和相关社会领域信用“黑名单”记录。  （单位公章）  年 月 日 |

十五、纪检部门审核意见

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| （公章）  年 月 日 |

十六、工作单位推荐意见

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| （就申请者的科学道德、科研能力以及获资助后单位能否提供需要的支撑条件，明确单位意见）  单位主要负责同志（签名）： （单位公章）  年 月 日 |

十七、主管部门（单位）推荐意见

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| 经审核，同意推荐。  （单位公章）  年 月 日 |

陕西省卫生健康高层次人才（团队）培育计划创新团队项目申报书

申报单位：

团队名称：

研究领域：

申报时间：

联系人员：

联系电话：

陕西省卫生健康委员会 制

填 报 说 明

1.“申报单位”请填写法人单位对外规范化全称，例如“西安交通大学”、“中国航天科技集团第四研究院”。

2.“团队名称”格式为“单位+研究领域+创新团队”。例如“陕西省人民医院冠状动脉性心脏病精准诊治研究创新团队”。

3.“联系人”、“联系电话”请填写申报单位联系人及办公电话和手机号码。

4.请据实逐项填写申报书表格信息，没有的填写“无”，不空项漏项。

5.“照片”应为近期小两寸正面免冠证件照。可以是胶质照片，也可以是直接打印的照片(500万像素及以上)。请同时提供电子版。

6.教育经历和工作经历请按时间顺序填写，具体到月。

7.对于“主管部门推荐意见”，各市（区）、省疾控局所属单位申报由所在市（区）卫生健康行政部门、省疾控局填写；省卫生健康委委直委管单位由本单位填写。

8.申报单位负责对申报书内容进行审核。

9.涉密材料请按保密规定报送。

10.《申报书》的规格为297mm×210mm(A4纸)，没有字数限制的栏目纸面不够可另附页。除签章、盖章之外，其余内容一律宋体5号字打印。《申报书》和附件于左侧装订成册，勿另加封面。

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| 一、团队带头人基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | 性别 | | | |  | | | 出生年月 | | | |  | | | | | | | 彩色近期证件照 | | | | | | | |
| 国籍 |  | | | | 民族 | | | |  | | | 籍贯 | | | |  | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | |
| 现任专业  技术职务 |  | | | | | | | | 现任行政职务 | | | | |  | | | | | | | | |
| 证件名称 |  | | | | | | | | 证件号码 | | | | |  | | | | | | | | | | | | | | | | |
| 最高学历学位及  毕业院校与学科专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系方式 | 办公电话 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 手机号码 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 电子邮箱 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 教育经历（从大学填起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时 间 | | | 学 校 | | | | | | | | | | 专 业 | | | | | | | | | | | 获得学历学位 | | | | | | |
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| 工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时 间 | | | 单 位 | | | | | | | | | | 从事工作 | | | | | | | | | | | 职务职称 | | | | | | |
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| 二、团队主要成员基本信息（不超过10人） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 性别 | 出生  年月 | | | | 学历学位 | | | | 职称 | | | | | 工作单位 | | | | | 研究方向 | | | | | | | | 团队  分工 | | |
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| 三、团队创新体系建设基础简要情况（包括团队形成及稳定性、主攻方向及与卫生健康事业高质量发展重点需求的紧密对接、围绕主攻方向协同设置研究方向、团队人员与科研资源配置组织、团队耦合协作开展研究创新与成果转化等方面，不超过500字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 四、未来三年团队建设规划概要（逐项说明包括未来主攻方向、发展目标、主要任务、预期研究成果与人才培养、成果转化、工作保障等方面，不超过800字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 五、团队创新能力、工作业绩和发展前景（包括整体研究水平处于省内国内位置的  自我评价，团队创新特色优势，近3年取得的标志性成果及其科学价值、经济社会  效益，持续创新能力和发展前景等方面，不超过500字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 六、团队近3年成果转化情况（包括成果名称与形式、转化具体情况、取得经济社会效益等情况，不超过5项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 七、团队跨单位开展产学研协作创新情况（仅有此类情况的团队填写，不超过300字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 入选省部级（含）以上人才计划情况或获得荣誉称号情况（不超过5项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入选人才计划名称或者获得荣誉称号名称 | | | | | | | | | | | | | 授予单位 | | | | | | | | | | | 授予时间 | | | | | | |
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| 主持重大科研项目或课题（含横向项目或课题）（不超过5项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目（课题）名称 | | | | | 项目（课题）来源 | | | | | | | | 经费  （万元） | | | | | | | | | | | | 起止时间 | | | | | |
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| 获得省部级（含）以上成果奖励情况（不超过5项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 成果名称 | | | | | 奖励名称及等级 | | | | | | | | | | 授予单位 | | | | | | 授予时间 | | | | | | | | 排名 | |
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| 发表代表性论文、著作情况（不超过5篇） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 论文或著作名称 | | | | | | | 发表时间 | | | | 期刊或出版社  名称 | | | | | | | 收录情况 | | | | | | | 排名 | 影响  因子 | | | | 他引次数 |
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| 获得专利授权情况（不超过5项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | | | 专利授权单位 | | | | | | | | | | | | 专利号 | | | | | | | | 授权  时间 | | | | 排名 | |
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| 标准制定情况（不超过5项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 近五年担任重要学术职务及在国际国内重要学术会议作报告情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 组织领导团队建设情况（不超过300字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 其他重要成果（不超过3项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 九、团队核心成员创新能力水平 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入选省部级（含）以上人才计划情况或获得荣誉称号情况（每人不超过3项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 入选人才计划名称或者获得  荣誉称号名称 | | | | | | | | | | | | 授予单位 | | | | | | | | | 授予时间 | | | | | | | | |
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| 承担科研项目或课题（含横向项目或课题）（每人不超过3项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 项目（课题）名称 | | | | 项目（课题）来源 | | | | | | | | | | | | 经费  （万元） | | | | 起止时间 | | | | | | | | | 排名 |
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| 获得省部级（含）以上成果奖励情况（每人不超过3项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 成果名称 | | | | 奖励名称及等级 | | | | | | | | | | | | 授予单位 | | | | | | | | 授予时间 | | | | | 排名 |
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| 发表代表性论文、著作情况（每人不超过3篇） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 论文或著作名称 | | | | | | 发表  时间 | | | 期刊或出版社  名称 | | | | | | | 排名 | | 收录情况 | | | | | | | | 影响  因子 | | | 他引  次数 |
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| 获得专利授权情况（每人不超过3项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 专利名称 | | | | 专利授权单位 | | | | | | | | | | | | 专利号 | | | | | | | 授权时间 | | | | | 排名 | |
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| 标准制定情况（每人不超过3项） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 十、团队组织管理框架概述(包括组织架构、管理制度、团队文化以及对今后团队组织管理模式的设计等方面，不超过300字) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 十一、团队建设基础支撑条件(包括依托创新平台、科研设施设备等情况，不超过300字) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 十二、申报承诺 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺以上信息全部属实。保证入选陕西省卫生健康高层次人才（团队）培育计划创新团队项目后，认真履行相关工作协议事项。  团队带头人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 十三、纪检部门审核意见（需按干部管理权限对团队成员逐一廉政鉴定） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 十四、申报单位意见和入选后的支持措施（同时需对申报材料真实性和申报团队所有成员的诚信状况作说明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 十五、主管部门（单位）推荐意见 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 经审核，同意推荐。  单位盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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陕西卫生健康高层次人才（团队）培育计划

领军人才、青年人才项目申报情况汇总表

推荐单位（盖章）： 联系人及联系电话：

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| 序号 | 申报类别 | 姓名 | 性别 | 民族/  国籍 | 出生  日期 | 现工作单位 | 职务 | 职称 | 学科  领域 | 学科  方向 | 最高  学位 | 毕业  院校 | 联系电话 |
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备注：1.“申报类别”选填领军人才、青年人才；

2.“出生日期”填写格式：19760201；

3.“职务”栏填行政职务；

4.“学科领域”栏选填医学、医药、护理、中医；

5.“最后学位”栏选填博士、硕士；

6.“毕业院校”栏为最后学位授予的学校；

陕西省卫生健康高层次人才（团队）培育计划创新团队

申报情况汇总表

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 团队名称 | 带头人姓名 | 带头人职务 | 申报单位 | 研究领域 | 联系电话 |
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推荐单位（盖章）： 联系人及联系电话：