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| 附件1 |

第五批重庆市中青年医学高端人才

选拔培养申请表

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| 申 报 人 |  |
| 培养周期 |  |
| 专业技术职称 |  |
| 专业领域 |  |
| 工作单位 |  |
| 主管部门 |  |
| 填报日期 | 年 月 日 |

重庆市卫生健康委员会制

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| 姓 名 | | | | | | |  | | | | | 性别 | | |  | | | | | | 照片 | | |
| 出生年月 | | | | | | |  | | | | | 籍贯 | | |  | | | | | |
| 政治面貌 | | | | | | |  | | | | | 民族 | | |  | | | | | |
| 参加工作时间 | | | | | | |  | | | | | 外语水平 | | |  | | | | | |
| 从事专业 | | | | | | |  | | | | | 职 称 | | |  | | | | | |
| 现工作单位及职务 | | | | | | |  | | | | | | | | | | | | | | | | |
| 最高学历 | | | | | | |  | | | | | | | 最高学位 | | | |  | | | | | |
| 培训国家机构及  专业意向 | | | | | | | （申请1年国外培养+2年国内培养的填写） | | | | | | | | | | | | | | | | |
| 国外学习工作机构及专业 | | | | | | | （申请2年国内培养的填写，且只填写连续1年及以上学习工作机构及专业） | | | | | | | | | | | | | | | | |
| 出国方式  （请选择打“√”） | | | | | | | 自行联系（ ） 统一安排（ ） | | | | | | | | | | | | | | | | |
| 教育经历（从大学起，按时间正序填写） | | | | 起止时间 | | | | | 院校及专业 | | | | | | | | | | 学历学位 | | | | |
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| 工作经历（请按照时间正序填写全职经历） | | | | 起止时间 | | | | | | 单位及职务 | | | | | | | | | | | | | |
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| 主要业绩、创新点及其意义（本栏限1页） | | | | | | | | | | | | | | | | | | | | | | | |
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| 国外学习工作情况及成果（本栏限申请2年培养期的填写） | | | | | | | | | | | | | | | | | | | | | | | |
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| 以第一作者或通讯作者发表主要论文情况（10项以内） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 年份 | | | | 题目 | | | | 期刊或国际 会议名称 | | | | | | | | 卷期 | | | | | | 页 |
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| 主要出版著作情况（10项以内） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 作者排序 | | | 年份 | | | | | 书名 | | | | | 出版社 | | | | | | 撰写章节 | |
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| 注：“作者排序”栏按“第一作者”、“通讯作者”顺序填写。 | | | | | | | | | | | | | | | | | | | | | | | |
| 专利情况（按重要性填写主要专利，总共不超过10项） | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 专利保护期 | | | | | | 专利名称 | | | | | 授权国家 | | | | | | | 专利所有者 | | | |
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| 论文被收录情况统计 | | | | |
|  | 收录情况 | | | |
| 《SCI》 | 《SSCI》 | 《EI》 | 《CSSCI》 |
| 第一作者论文 |  |  |  |  |
| 通讯作者论文 |  |  |  |  |
| 总计 |  |  |  |  |

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| 论文被引用情况统计 | | | |
|  | 《SCI》引用情况 | | |
| 他人引用次数 | 引用期刊种数 | 引用作者人数 |
| 第一作者论文 |  |  |  |
| 通讯作者论文 |  |  |  |
| 总计 |  |  |  |

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| 注： | 1. 自引部分不计入引文统计中；  2. 对列入统计表中的论文需附论文首页复印件；  3. 对列入统计表中的引文需出据论文被引证明。 |

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| 科技项目获奖情况（按重要性排序填写，不超过10项） | | | | | |
| 序号 | 获奖时间 | 颁奖机构 | 获奖项目名称 | 本人排名 | |
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| 其他（包括获得市级二等奖及以上奖项、在国际国内学术组织兼职、在国际国内学术会议做重要报告等情况，本栏限1页） | | | | | |
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| 工作设想（包括出国培养后及培养期满拟达到的总体目标、工作方式、预期成果及现有基础、团队等，本栏限1页） | | | | | |
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| 本人承诺以上信息均真实有效。  申报人签字：  年 月 日 | | | | | |
| 工作单位意见：  单位负责人签字： 单位（公章）  年 月 日 | | | | | |
| 主管部门意见：  单位（公章）  年 月 日 | | | | | |
| 市卫生健康委意见：  单位（公章）  年 月 日 | | | | | |