**中国针灸学会“青年人才托举工程”**

**2023年度候选人申报书**

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| 姓 名 |  | | | 性 别 | | | |  | | | 民 族 | | | |  | | | 电  子  照  片 | | | | | | |
| 政治面貌 |  | | | 行政职务 | | | |  | | | 技术职称 | | | |  | | |
| 证件号码 |  | | | | | | | | | | 出生年月 | | | |  | | |
| 学 位 |  | | | | | | 研究方向 | | | |  | | | | | | |
| 手机号码 |  | | | | | | 电子邮箱 | | | |  | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | | |
| **一、主要教育经历（从大专或大学填起）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 毕业院校 | | | | | | | | 专业 | | | | 学位 | | | | | | 导师 | | | | |
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| **二、主要工作经历** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 工作单位、所在院系/科室 | | | | | | | | | | | | | | | 职务 | | | 职称 | | | | |
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| **三、获得科技奖励情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 授予单位 | | 奖励等级 | | | | 奖项名称 | | | | | | | | | | | 获奖时间 | | | | | | 本人排名 | |
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| **四、获得荣誉情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 授予单位 | | | | 荣誉等级 | | | | | | | | 荣誉名称 | | | | | | | | | | 取得时间 | | |
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| **五、承担的科研项目** | | | | | | | | | | | | | | | | | | | | | | | | |
| 立项单位 | | | 项目名称 | | | | | | | | | | 起止时间 | | | | 经费（万） | | | | | | 本人排名 | |
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| **六、论文专著** | | | | | | | | | | | | | | | | | | | | | | | | |
| 出版社/刊名 | | | 论文/专著名称 | | | | | | | | | | 发表时间 | | | | 文章类型  SCI/EI/核心/会议 | | | | 影响  因子 | | | 本人  排名 |
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| **七、专利** | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | | | | | | | 专利号 | | | | | 获批时间 | | | | | 本人排名 | | | | | |
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| **八、社会团体/学术组织任职情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会团体/学术组织名称 | | | | | 任职起止时间 | | | | | | | | | | | 职务 | | | | | | | | |
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| **九、培养方案** | | | | | | | | | | | | | | | | | | | | | | | | |
| 重点介绍三年（2023-2025年）培养目标、培养计划（包括临床能力、研究能力、教学能力、进修、培训、学术交流等）、培养方案（包括师承计划和课题研究方案）、考核指标以及需要资助的迫切性。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **十、资金使用计划** | | | | | | | | | | | | | | | | | | | | | | | | |
| 说明在三年（2023-2025年）中对资金的使用情况及测算依据等相关内容，包括但不限于设备费、材料费、测试化验加工费、差旅费、会议费、培训费、专家咨询费、劳务费、出版费等。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **十一、本人承诺** | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺所填写的内容，提供的相关证明材料真实可靠。如果获得立项，我将严格遵守《中国针灸学会青年人才托举工程工作方案》《中国科协青年人才托举工程管理办法》《中国科协青年人才托举工程实施细则》等相关文件的规定，按时参加中国针灸学会组织的培训和督导检查，严守科研诚信，完成培养任务。若填报失实、项目执行中出现违约或科研不端行为，本人将承担相应责任，并同意按相关规定处理。  候选人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **十二、候选人所在单位意见** | | | | | | | | | | | | | | | | | | | | | | | | |
| 对候选人职业道德、相关陈述的真实性以及支持保障措施的落实作出承诺，如候选人获得资助，同意给予三年不低于8万/年的配套经费支持，明确是否同意推荐。  候选人所在单位：（公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **十三、推荐意见** | | | | | | | | | | | | | | | | | | | | | | | | |
| 同行专家推荐 | | | | | 分支机构推荐 | | | | | | | | | | | 地方学会推荐 | | | | | | | | |
| 推荐人单位：  推荐人职称：  推荐人：（签字） | | | | | 推荐单位：  主任委员：（签字） | | | | | | | | | | | 推荐单位：（盖章）  主任委员：（签字） | | | | | | | | |