编号

“菁英计划”申报书

（杰出科技工作者项目）

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| **申 报 人** |  |
| **工作单位** |  |
| **推荐单位(县市)** |  |
| **专业领域** |  |
| **专业方向** |  |
| **联 系 人** |  |
| **联系电话** |  |
| **填表时间** |  |

**凉山州人才工作领导小组办公室制**

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| 个人基本信息 | | | | | | | | | | | |
| 姓名 |  | | | | | 性别 | | |  | | 一寸免冠照片 |
| 出生日期 |  | | | | | 政治  面貌 | | |  | |
| 出生地 |  | | 民族 | |  | 国籍 | | |  | |
| 最高学历  学位 |  | | 毕业院校 | | |  | | | | 专业 |  |
| 现任职单位名称 | |  | | | | | | | | | |
| 行政职务 | |  | | | | | | 专业技术职称 | |  | |
| 专业领域 |  | | | | | | | 专业方向 | |  | |
| 教  育  经  历 | 学位 | | | 时间 | | | 院校 | | | 专业 | |
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| 工  作  经  历 | 职务 | | | 时间 | | | 单位 | | | | |
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| 主要成果 | | | | | | | | | |
| 1.领导（参与）的具体项目 | | | | | | | | | |
| 起止时间 | 项目名称 | | | 经费总额 | 经费来源 | | | | 担任角色及参与排名 |
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| 2.代表性论著（论文） | | | | | | | | | |
| 论著（论文）  名称 | 期刊名称 | | | 发表时间 | 论著（论文）作者 | | | | 备注 |
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| 3.授权专利 | | | | | | | | | |
| 专利名称 | 专利号 | | | 专利类别 | | | 专利所有者（排序） | | |
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| 4.获国家或省（部）级或州级奖励情况 | | | | | | | | | |
| 奖项（荣誉称号）名称 | | | 授予单位 | | | | | 时间 | |
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| 5.学术、技术组织任职情况 | | | | | | | | | |
| 名称 | | 界别 | | 职务 | | 起始时间 | | | 终止时间 |
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| 主要业绩及成果评价 |
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| 入选后工作发展计划 |
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| 本人郑重承诺，以上信息均真实有效。  申报人签字：  年 月 日 |

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| 成果转化单位意见 |
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| 工作单位意见 |
| 单位负责人签字：单位（公章）  年 月 日 |
| 州级学会（协会）或县（市）科协意见 |
| 单位负责人签字：单位（公章）  年 月 日 |
| 推荐单位（地区）意见 |
| 盖章（签字）  年 月 日 |

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| 其他个人信息 | | | | | | | | | |
| 家庭主要  成员及重要  社会关系 | 关系 | 姓名 | | 年龄 | 国籍 | | | 工作单位及职务 | |
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| 有效身份  证件名称 |  | | | 有效身份  证件号码 | |  | | | |
| 住址 |  | | | | | | | | |
| 联系电话 | 固定电话 | |  | | | | 手机号码 | |  |
| 电子邮件 |  | | | | | | | | |
| 备注 |  | | | | | | | | |

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| 单位基本信息 | |
| 单位名称 |  |
| 统一社会信用代码 |  |
| 注册资金 |  |
| 法定代表人 |  |
| 所属行业 |  |
| 单位所在县市 |  |
| 上级主管部门 |  |
| 联系人 |  |
| 办公电话 |  |
| 移动电话 |  |
| 电子邮箱 |  |
| 邮政编码 |  |
| 通讯地址 |  |
| 单位账户信息 | |
| 单位开户名全称 |  |
| 开户银行 |  |
| 开户账号 |  |
| 财务部门联系人 |  |
| 联系电话 |  |