**温州医科大学附属第一医院**

**赴澳大利亚Monash大学进修报名表**

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| 所在科室  （部门） | |  | | | 姓名 | | | | | |  | | | | | 电子  照片  （白色底  二寸照片） | | |
| 出生年月 | |  | | | 从事专业 | | | | | |  | | | | |
| 最高学历学位及毕业时间、学校、所学专业 | |  | | | | | | | | | | | | | |
| 现专业技术职务及聘任时间 | |  | | | | | | | 拟申报导师姓名 | | | | |  | | | | |
| **一、申报人主要情况** | | | | | | | | | | | | | | | | | | |
| 1、工作经历 | | | | | | | | | | | | | | | | | | |
| 起止时间 | 单位 | | | | | 从事何种技术工作 | | | | | | | | | 任何技术职务 | | | |
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| 2、论文著作情况（限5项） | | | | | | | | | | | | | | | | | | |
| 论文、著作题目 | | | 刊物(出版社)名称、刊号(书号)、卷(期)数 | | | | | | | 发表  时间 | | | 本人排名 | | 收录、转载等情况 | | | 影响因子和他引次数 |
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| 3、科研项目情况（限5项） | | | | | | | | | | | | | | | | | | |
| 项目名称(须注明立项号) | | | | 项目来源和级别 | | | | | | | 起止(年月) | | | | 金额(万元) | | | 排名 |
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| 1. 获奖荣誉情况（限5项） | | | | | | | | | | | | | | | | | | |
| 所获奖项/荣誉名称及等级 | | | | | | | 授予单位 | | | | | 授予时间 | | | | | 本人排名 | |
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| 1. 其他业绩（限5项） | | | | | | | | | | | | | | | | | | |
| 业绩名称 | | | | | | | | 获得时间 | | | | 本人排名 | | | | | 备注 | |
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| **二、所在科室审核和推荐意见** | | | | | | | | | | | | | | | | | | |
| 主任签字：    年 月 日 | | | | | | | | | | | | | | | | | | |
| **三、对外合作交流处审核意见** | | | | | | | | | | | | | | | | | | |
| 负责人签字：  　　　　　　　　　　　　　　　　　　　　　　 　　年 月 日 | | | | | | | | | | | | | | | | | | |
| **四、所在单位意见** | | | | | | | | | | | | | | | | | | |
| 负责人签字：  单位公章：  　　　　　　　　　　　　　　　　　　　　　　　 　 年 月 日 | | | | | | | | | | | | | | | | | | |