**2024年温州医科大学附属第一医院**

**海外精英50计划报名表**

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| 姓名 | |  | | | 性别 | | | | |  | | | | | 电子  照片 | | | | | |
| 出生年月 | |  | | | 国籍 | | | | |  | | | | |
| 政治面貌 | |  | | | 科室（部门） | | | | |  | | | | |
| 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 | |  | | | | | | 电子邮箱、电话号码（短号） | | | |  | | | | | | | | |
| 意向研修地点、时间、经费来源（请说明意向进行地点与进修时间，是否已有出国渠道，是否需要医院协助联系，经费是否落实；如科室内已有同事海外进修经历，建议科室内积极联系。） | | | | | | | | | | | | | | | | | | | | |
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| **一、主要情况** | | | | | | | | | | | | | | | | | | | | |
| 1、工作经历（注明兼职情况） | | | | | | | | | | | | | | | | | | | | |
| 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、对外合作交流部审核意见** | | | | | | | | | | | | | | | | | | | | |
| 负责人签字：  　　　　　　　　　　　　　　　　　　　　　　 　　年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **四、单位意见** | | | | | | | | | | | | | | | | | | | | |
| 负责人签字：  单位公章：  　　　　　　　　　　　　　　　　　　　　　　　 　 年 月 日 | | | | | | | | | | | | | | | | | | | | |