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| **一、基本情况** | 姓名 | | | | |  | | | | | 性别 | |  | | 出生年月 | |  | | | | 相片  （必填） | |
| 政治面貌 | | | | |  | | | | | 民族 | |  | | 籍贯 | |  | | | |
| 毕业院校 | | | | |  | | | | | 最高学位 | | | |  | | | | | |
| 工作单位 | | | | |  | | | | | 职称/职务 | | | |  | | | | | |
| 联系电话 | | | | |  | | | | | 电子邮件 | | | |  | | | | | |
| **二、学习经历**  （从本科填起） | 起止时间 | | | | | 学校及国家 | | | | | | | | | 专业及研究方向 | | | | | | 获得学位 | |
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| **三、工作经历**  （时间应连续） | 起止时间 | | | | | 工作单位 | | | | | | | | | 职称/职务 | | | | | | | |
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| **四、近五年“代表性”学术成果信息汇总** | | | | | | | | | | | | | | | | | | | | | | |
| **（一）近5年以来发表（出版）代表性论文专著情况（限填5项，自行编号，注意对齐，5项以上可另附页；所填内容应附证明材料）**： | | | | | | | | | | | | | | | | | | | | | | |
| 题目（缩写） | | 类型  （论文、专著） | | | | | 期刊或出版社名称 | | | 发表/出版年月 | | | | 影响  因子 | | | | 分区情况 | | | | 作者角色排名 |
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| **（二）近5年以来共主持或参加科研课题（ ）项（限填5项，自行编号，注意对齐，5项以上可另附页；所填内容应附证明材料）** | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | | 项目来源 | | | | 起止时间 | | | | | | 经费数额  （单位：万元） | | | | 本人排名或承担份额 | | | |
| (1) | | | | |  | | | |  | | | | | |  | | | |  | | | |
| (2) | | | | |  | | | |  | | | | | |  | | | |  | | | |
| (3) | | | | |  | | | |  | | | | | |  | | | |  | | | |
| (4) | | | | |  | | | |  | | | | | |  | | | |  | | | |
| (5) | | | | |  | | | |  | | | | | |  | | | |  | | | |
| **（三）近5年以来以第一享有人被授权专利（ ）项。（限填5项，自行编号，注意对齐，5项以上可另附页；所填内容应附证明材料）** | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | 专利类型 | | | | | 批准时间 | | | 批准机构 | | | | 专利号 | | | | 人数 | | | | 本人排名 |
| (1) | |  | | | | |  | | |  | | | |  | | | |  | | | |  |
| (2) | |  | | | | |  | | |  | | | |  | | | |  | | | |  |
| (3) | |  | | | | |  | | |  | | | |  | | | |  | | | |  |
| (4) | |  | | | | |  | | |  | | | |  | | | |  | | | |  |
| (5) | |  | | | | |  | | |  | | | |  | | | |  | | | |  |
| **（四）近5年以来获得国家级教学/科研成果（ ）项；省部级教学/科研成果奖（ ）项，获国际学术奖（ ）项**  **（限填3项，自行编号，注意对齐，3项以上可另附页；所填内容应附证明材料）** | | | | | | | | | | | | | | | | | | | | | | |
| 奖励名称 | | | | 奖励部门 | | | | 奖励级别 | | | | 获奖时间 | | | | 人数 | | | | 本人排名 | | |
| (1) | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| (2) | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| (3) | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| **（五）近5年以来其他成果情况（限方框内，自行编号，注意对齐，超出部分可另附页；所填内容应附证明材料）** | | | | | | | | | | | | | | | | | | | | | | |
| （指导学生经历等） | | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员**  （直系亲属及配偶） | | | 姓名/与本人关系/工作单位及职务/联系方式 | | | | | | | | | | | | | | | | | | | |
| 表中所填信息和提供材料均属实。如与事实不符，本人愿承担一切责任。  申请人本人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |