**专家申请表**

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| 姓名 |  | | | 性别 | |  | | 出生  年月 | |  | | | | 民族 |  | | | | | 证件照 | | | |
| 最高学历 |  | | | 毕业院校 | | | |  | | | | | | | | | | | |
| 政治面貌 |  | | | 身份证号码 | | | |  | | | | | | | | | | | |
| 技术职称 |  | | | | | | | 行政职务 | |  | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | 是否院士 |  | | | | |
| 通信地址 |  | | | | | | | | | | | | | | | | | 邮政编码 |  | | | | |
| 手机 |  | | | | | | | 单位电话 | |  | | | | | | | | 住宅电话 |  | | | | |
| 传真 |  | | | | | | | Email | |  | | | | | | | | | | | | | |
| 研究生导师（√） | | 硕导 |  | | | | | | | 博导 | |  | | | | | | 学科  专长 |  | | | | |
| 工作情况（√） | | 门诊 |  | | | | 查房 | |  | | | 手术 |  | | | | | 指导科研 |  | | | 授课 |  |
| 您是否可以进行  网上审稿 | | | | |  | | | | | | | 能否保证收稿后  2周内审回 | | | | | | |  | | | | |
| 近5年代表性论文 | | 作者或通讯作者 | | | | | 文题 | | | | | | | | | 刊名 | | | | | 年,卷:  起页-止页 | | |
|  | | | | |  | | | | | | | | |  | | | | |  | | |
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| 主要研究方向（按重要程度顺序填报3个） | |  | | | | | | | | | | | | | | | | | | | | | |
| 目前在全国和地方社会组织任/兼职情况 | | 组织机构 | | | | | | | | | | | | | | | 职务 | | | | | 任职时间 | |
|  | | | | | | | | | | | | | | |  | | | | |  | |
| 近5年来申报的国家级或省部级科研课题及资助额度 | | 项目名称 | | | | | | | | | 审批立项单位 | | | | | | 执行时间 | | | | | 资助额度 | |
|  | | | | | | | | |  | | | | | |  | | | | |  | |
| 近5年来省部级以上获奖情况 | | 获奖项目 | | | | | | | | | 评奖单位 | | | | | | 参与人员 | | | | | 获奖时间 | |
|  | | | | | | | | |  | | | | | |  | | | | |  | |
| 是否为国家、省、部级基金项目或科技奖评委 | | | | | |  | | | | | | | | | | | | | | | | | |

声明：填写上述内容真实有效，本人签名：