广东省钟南山医学基金会国际学术会议

资助申请表

1. 报名者信息

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| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 出生年月 |  |
| 专业领域 |  | 职称 |  | 学位 |  |
| 政治面貌 |  | 电话 |  | 邮箱 |  |
| 申请参与  会议名称 |  | | | | |
| 工作单位 |  | | | | |
| 通讯地址 |  | | | | |
| 所在院系 |  | | | | |
| 外语水平  及成绩 |  | | | | |
| 健康状况 |  | | | | |

1. 科研能力

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 序号 | 作者 | 出版  时间 | 题名 | 刊名 | 卷期页 | 关键词 | 影响  因子 | 他引  次数 | | 1 |  |  |  |  |  |  |  |  | | 2 |  |  |  |  |  |  |  |  | | 3 |  |  |  |  |  |  |  |  | | 4 |  |  |  |  |  |  |  |  |   既往发表文章（如有） |

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| 既往参与与本会议主题相关的科研项目（如有） |

1. 评审意见

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| 直属单位审核是否同意申请人员参加国际学术会议：    直属单位（盖章） 申请人（签字） 年 月 日 |
| 广东省钟南山医学基金会审核意见：  部门或单位（盖章） 负责人（签字） 年 月 日 |