附件1

编号：

重庆医科大学校内特聘教授

岗位申请表

申请人姓 名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申请岗位名称: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申 请 学 科:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

现工作部 门: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填 表 日 期: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

重庆医科大学制

2020年2月

**填表说明**

一、填写本表前，请认真阅读《重庆医科大学校内特聘教授岗位管理办法（试行）》。

二、本表第一至六项由申请人本人填写，内容必须全面、准确，实事求是，由部门负责审核。

三、申请岗位填写“特聘院士或特聘教授-杰出人才”、“特聘教授-领军人才”、“特聘教授-拔尖人才”、“特聘教授-骨干人才”。

四、申请学科需填至申请人所在的二级学科。

五、现工作部门填写所在的附属医院、学校各直属单位、处（室、院、管委会）。

六、本表内有关栏目不可更改格式，A4纸双面打印。

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| 一、申请人基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 | | | |  | 国籍 | | |  | | | 民族 | | |  | | | 出生年月 | | |  | | |
| 最高学历 | |  | | 最高学位 | | | |  | | 毕业院校 | | | | |  | | | | | | | | | | | |
| 现任职  单位及职务 | |  | | | | | | | | 现任专业技术职务 | | | | |  | | | | | | | | | | | |
| 从事专业 | |  | | | | | | | | 学科-方向 | | | | |  | | | | | | | | | | | |
| 手机号码 | |  | | | | | | | | 电子邮箱 | | | | |  | | | | | | | | | | | |
| 主要学术及社会  兼职 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人教育及工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 二、申请人代表性学术成绩 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1近五年作为项目负责人承担的重要科研项目（5项以内）（申报“特聘教授-领军人才”岗位的，作为项目负责人获得国家重点及以上级别项目可不完全受近5年限制，但其中至少有一项是近5年获得） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | 项目来源 | | | | 项目类别 | | | | | | 项目经费（万元） | | | | 起止时间 | | | | | | |
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| 2.2主要学术获奖情况（5项以内） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 获奖项目名称 | | | | | | 奖励名称 | | | | | | 奖励等级 | | | | 授奖单位  及国别 | | | | | 奖励年度 | | | 个人排序 | |
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| 2.3近五年作为第一作者或通讯作者或主要贡献作者发表的代表性著作、论文（5篇以内） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 著作或论文名称 | | | 出版单位或发表刊物名称 | | 期号、起止页码 | | 所有著、作者姓名及排序 | | | | 出版或发表年度 | | | 是否被SCI、EI、SSCI、CSSCI收录 | | | | | 期刊影响因子 | | | | 他引次数 | | | |
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| 2.4入选人才计划（项目）情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2.5其他重要学术成绩 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 三、申请人领衔平台团队建设情况（申请人依托的平台、基地情况，领导创新团队、建设学术梯队、培养青年人才等） | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 四、申请人拟开展的岗位工作（1000字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （主要填写对履行相关特聘教授岗位职责的工作思路和计划，主要介绍科学研究、人才培养、学科建设、成果转化、社会服务等计划） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 五、申请人拟完成的岗位目标任务 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （主要填写对履行相关特聘教授岗位职责的预期目标，不能低于管理办法中规定的相关岗位目标任务） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 六、申请人承诺 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺本表一至四项填写内容属实。若受聘上岗后，将在规定时间内完成相应任务，认真履行校内特聘教授岗位职责。  申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 六、部门推荐意见（对申请人师德师风、立德树人成效、学术水平等进行评价） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 部门负责人签名： 学校直属党组织负责人签名：  部门盖章： 基层党组织盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 七、专家评议小组意见 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专家评议小组组长签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 八、学校审批意见 | | | | | | | | | | | | | | | | | | | | | | | | | |
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