**陕西省康复医学会评审专家申请表**

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| 姓名： | 性别： | | | | | | | | 出生年月： | | | | | | |  | | |
| 陕西省康复医学会会员号： | | | | | | | | | 政治面貌： | | | | | | |
| 最高学历： | 学位： | | | | | | | 毕业院校： | | | | | | | |
| 工作单位： | | | | | | | | | | | | | | | | | | |
| 技术职称： | | | | | 单位职务： | | | | | |  | | | | | | | |
| 享受特殊津贴：国家级□否□ | | | | 院士：□ | | | | | | | 博导：□ 硕导：□ | | | | | | | |
| 移动电话： | | | | | E-mail： | | | | | | 微信号： | | | | | | | |
| 通讯地址： | | | | | | | | | | | 邮政编码： | | | | | | | |
| 研究方向： | | | | | | | | | | | | | | | | | | |
| 主要社会兼职：（10项以内） | | | | | | | | | | | | | | | | | | |
| 工作简历: | | | | | | | | | | | | | | | | | | |
| 主要工作业绩（500字以内）： | | | | | | | | | | | | | | | | | | |
| **近五年主持科研项目（主持人）** | | | | | | | | | | | | | | | | | | |
| 项目名称 | | 项目性质及来源 | | | | | | | | | 项目  经费 | | | 起止时间 | | | | |
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| **近五年科研获奖情况（10项以内）** | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | | | 奖励名称/等级 | | | | | 授奖单位 | | | | 奖励  年度 | | | 本人  排序 |
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| **近五年代表性著作、论文情况（第一或通讯作者）** | | | | | | | | | | | | | | | | | | |
| 著作/论文名称 | | | | | | | 出版单位/刊物名称 | | | 出版/  发表日期 | | | SCI、EI、SSCI、CSSCI收录/影响因子值 | | | | 作者  排名 | |
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| **近五年获授权发明专利情况（10项以内）** | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | 专利号 | | | | | | | | | 授权公告日 | | | | | 本人  排序 | |
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| 个人承诺： | | | | | | | | | | | | | | | | | | |
| 学会意见：  盖 章  年 月 日 | | | | | | | | | | | | | | | | | | |