**2022年药学院“岛津青年学者奖”申报表**

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| 姓 名 | | | |  | | | | 性别 | | |  | | 出生年月 | | | | | 年 月（ ）岁 | | | | | | | | | | |
| 参加工作时 间 | | | | 年 月 | | | | | | | 手机号码 | | | | | | |  | | | | | | | | | | |
| 现任专业技术职务 | | | |  | | | | | | | 任职时间 | | | | | | | 年 月 | | | | | | | | | | |
| 学 历  学 位 | | | | 全日制  教 育 | | | |  | | | | | 毕业院校  及专业 | | | | |  | | | | | | | | | | |
| 在 职  教 育 | | | |  | | | | | 毕业院校  及专业 | | | | |  | | | | | | | | | | |
| 近五年获得奖励情况 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **一、主持国家级科研项目情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目类型 | | | | 项目名称 | | | | | | | | | | 立项时间 | | | | | | 立项经费（万元） | | | | | 是否第一单位 | | | |
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| **二、科研经费到账情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 到账时间 | | | | 项目名称（横向填写合同号） | | | | | | | | | | | | | | | 项目类型（纵向或横向） | | | | | | 到账经费（万元） | | | |
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| **三、发表SCI收录文章情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 文章题目 | | | | 期刊名称 | | | | 期刊档次（参考共识期刊目录） | | | | 发表时间（提供DOI号） | | | | | | 作者类型（第一或通讯） | | | | | 影响因子 | | | 是否第一单位 |
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| **四、授权发明专利情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 专利名称 | | | | | | | | | 专利申请号 | | | | | | 授权时间 | | | | | | 排名第几 | | 专利级别（中国或PCT） | | | | |
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| **五、一类创新药物临床批件情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得时间 | | | | | 名称 | | | | | | | | | | | | | | 排名第几 | | | | | | 是否第一单位 | | | |
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| **六、获得国家级和部省级奖励情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获奖时间 | | | 奖励类别 | | | | 项目名称 | | | | | | | | | | 获奖等级 | | | | 排名第几 | | | | | | 是否第一单位 | |
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| **七、科研成果转化情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | | | | | | | 专利号 | | | 授权时间 | | | 专利受让单位 | | | | | | | | 合同号 | | | 专利转让合同金额（万元） | | |
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| 审 查  意 见 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |

注：1.申报表中各项成果统计时间为**2018年1月1日至2022年9月30日**；

2.需提供附件证明材料是：三、四两项发表文章，请提供每篇文章首页的PDF文档（不需要全文），以“姓名+表格中的序号”命名；五、六、七项需要批件或者证书扫描件；八项需要合同扫描件；

3.附件请打包建立压缩文件并与申请表一起发送邮件。