附件

“蜀道英才培育计划”申报书

(广元农业领军人才项目)

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| 申 报 人 |  |
| 工作单位 |  |
| 推荐单位(地区) |  |
| 推荐项目 |  |
| 专业领域 |  |
| 专业方向 |  |
| 联 系 人 |  |
| 联系电话 |  |
| 填表时间 |  |

**中共广元市委人才工作领导小组办公室**

**制**

**广 元 市 农 业 农 村 局**

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| 个人基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | | | | | | 性 别 | | | | |  | | | | | | | | 照片 | | | | |
| 出生日期 |  | | | | | | | | | | 政治面貌 | | | | |  | | | | | | | |
| 出 生 地 |  | | | | 民族 | | |  | | | 籍 贯 | | | | |  | | | | | | | |
| 身份证件  号码 |  | | | | | | | | | | 电子邮箱 | | | | |  | | | | | | | |
| 最高学历  学位 |  | | | | 毕业院校 | | | | | |  | | | | | | | | | | | 专业 | |  | | | | |
| 现任职单位名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 行政职务 |  | | | | | | | | | | | | | 专业技术职称 | | | | | | | |  | | | | | | |
| 专业领域 |  | | | | | | | | | | | | | 专业方向 | | | | | | | |  | | | | | | |
| 教  育  经  历 | 学位 | | | | | 时间 | | | | | | 国家 | | | | | | 院校 | | | | | | | 专业 | | | |
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| 工  作  经  历 | 职务 | | | | | 时间 | | | | | | 国家 | | | | | | 单位 | | | | | | | | | | |
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| 主要成果 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.领导（参与）的具体项目 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 项目名称 | | | | | | | 经费总额 | | | | 经费来源 | | | | | | 担任角色 | | | | | | | | |
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| 2.代表性论著（论文） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 论著（论文）  名称 | | | 期刊名称 | | | | | | | 发表时间 | | | | 论著（论文）作者 | | | | | | | 被SCI、EI、ISTP、SSCI、CSSCI等收录情况 | | | | | | 影响因子 | 他引次数 |
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| 3.授权专利 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | | | 专利号 | | | | | | 专利类别 | | | | | | | 专利所有者  （排序） | | | | | | | | | 授权国家 | |
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| 4.获国家、省、市级奖励情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖项（荣誉称号）名称 | | | | | | | | 授予单位 | | | | | | | | | | | | | | 时间 | | | | | | |
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| 5.生产、加工、营销产值（技术推广范围）或带动农户增收情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生产、推广、带动项目 | | | | | | | | 规模（亩/万元/户等） | | | | | | | | | | | | | | 时间 | | | | | | |
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| 6.学术、技术组织任职情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | 界别 | | | | | | | 职务 | | | | | 起始时间 | | | | | | | | 终止时间 | | | | |
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| 主要业绩及成果评价 |
|  |
| 入选后工作发展计划 |
|  |
| 本人郑重承诺，以上信息均真实有效。    申报人签字：  年 月 日 |

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| 成果转化单位意见 |
|  |
| 工作单位意见 |
| 单位负责人签字： 单位（公章）  年 月 日 |
| 推荐单位（地区）意见 |
| 盖章（签字）  年 月 日 |

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| 单位基本信息 | |
| 单位名称 |  |
| 统一社会信用代码 |  |
| 注册资金 |  |
| 法定代表人 |  |
| 所属行业 |  |
| 单位所在地区 |  |
| 上级主管部门 |  |
| 联系人 |  |
| 办公电话 |  |
| 移动电话 |  |
| 电子邮箱 |  |
| 邮政编码 |  |
| 通讯地址 |  |
| 个人基本信息 | |
| 开户名全称 |  |
| 开户银行 |  |
| 银行账号 |  |