附件1

重庆市高校中青年骨干教师申报表

姓 名：

学 校：

从事专业：

学科门类：

填表时间： 年 月

重庆市教育委员会印制

填 表 须 知

一、申报表中所填内容必须真实、准确、规范。

二、申报表用A4纸双面打印，与相关印证材料合并装订成册。

三、姓名以本人身份证为准填写，工作单位以公章为准填写全称，不要简化，数字统一用阿拉伯数字。

四、学科门类，按一级学科填报。学科门类、一级学科及代码以《学位授予和人才培养学科目录》为准。

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| **一、基 本 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | | | | 性别 | |  | 出生  年月 | | | | | |  | | | | 照片 | | | |
| 民族 | | |  | | | | 学历 | |  | | | 学历  学位 | | | | | |  | | | |
| 政 治  面 貌 | | |  | | | | | 参加工  作时间 | | | |  | | | | | | | | | |
| 从事专业领域 | | |  | | | | | | | | | 现任专业  技术职务/有效职业技能资格 | | | | | | | | |  | | | | |
| 工作单位及职务 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 身份证号码 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 手机号码 | | | | | | |  | | | | | 电子邮箱 | | | | | | | | |  | | | | |
| 通讯地址 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **二、教育经历（从大学毕业填起，含三个月以上培训、访学研修经历）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | 学历学位 | | | | | | | | | | | 院校及专业 | | | | | | | |
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| **三、工作经历（包括博士后经历及海外工作经历）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | 工作单位 | | | | | | | | | | | 所任职务 | | | | | | | |
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| **四、学术团体、组织任职情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | 学术团体、组织名称 | | | | | | | | | | | 所任职务 | | | | | | | |
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| **五、近三学年讲授主课程情况（分学年填写）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | 讲授主课程名称 | | | | | | | | | | | 授课班级个数及人数 | | | | | | | |
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| **六、本人代表性教学、科研成果获奖情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | 获奖项目名称 | | | | | | | | | | | | | | | 颁奖单位 | | | | | | | | 获奖等级及排序 | |
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| **七、本人承担市级及以上重要科研项目、课题或横向课题情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | 项目、课题名称 | | | | | | | | | | | | 资助单位 | | | | | | 资助经费 | | | | 主持/主研 | |
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| **八、以第一作者或通讯作者发表高水平论文情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第一作者/通讯作者 | 发表时间 | | | | | 论文题目 | | | | | | | 期刊名称 | | | | | | | 解决主要问题 | | | | | |
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| **九、出版代表性著作、教材情况（5项以内）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专著/合著 | | | | | 出版时间 | | | | 著作、教材名称 | | | | | | | | 出版社 | | | | | | 撰写章节 | | |
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| **十、获授权专利情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利名称 | | | | | | 专利授权号 | | | | 保护期 | | | | | 授权  国家 | | | | 专利所有者 | | | | | | 获奖情况 |
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| **十一、其他（个人或指导培养学生获表彰奖励等情况）** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 本人承诺 | | | | 以上所填内容属实，如若存在虚假信息，愿意按有关规定接受处理。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 师德师风及廉洁自律鉴定  意见 | | | | 负责人（签章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 学校推荐意见 | | | | 负责人（签章）： 单 位（公 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 市教委  意 见 | | | | 负责人（签章）： 单 位（公 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |