**华夏医学科技奖评审专家登记表**

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| **姓 名** | |  | | | | | **汉语拼音** | | |  | | | | | |
| **性 别** | |  | | | **党派** | |  | | | **出生年月** | | | | |  |
| **民 族** | |  | | | **身份证号** | | | | |  | | | | | |
| **工作单位及职务** | | | | |  | | | | | | | | | | |
| **最高学位** | |  | | | | **专业技术职务** | | | | |  | | | | |
| **研究生导师** | | | | **□否 □硕导 □博导** | | | | | | | **□中科院院士 □工程院院士** | | | | |
| **本科毕业学校** | | |  | | | | | **最高学历毕业学校** | | | | | | |  |
| **现在从事专业** | | |  | | | | | | | | | | | | |
| **专业专长** | | **1** |  | | | | | | | | 4 |  | | | |
| **2** |  | | | | | | | | **5** |  | | | |
| **3** |  | | | | | | | | **6** |  | | | |
| **单位联系方式** | | | | | | | | | | | | | | | |
| **通讯地址** | |  | | | | | | | **单位联系人** | | | |  | | |
| **电 话** | |  | | | | | | | **邮 编** | | | |  | | |
| **评审专家联系方式** | | | | | | | | | | | | | | | |
| **手 机** | |  | | | | | | | **电子信箱** | | | |  | | |
| **秘书姓名** | |  | | | | | | | **秘书电话** | | | |  | | |
| **国内外学术任职及社会兼职、所获荣誉称号：** | | | | | | | | | | | | | | | |
| **主要科学与技术成就（包括已发表的代表性论文、专著、主持基金项目、获批专利、药械证书和荣获科技奖项等，300字以内）：** | | | | | | | | | | | | | | | |
| **主要评审经历（包括基金和成果奖励评审等）：** | | | | | | | | | | | | | | | |
| **年 份** | **评审科目名称** | | | | | | | | | | | | | **主办单位** | |
| 例：2015 | 国家科技进步奖初审 | | | | | | | | | | | | | 国家奖励工作办公室 | |
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| **本人是否同意**  **签名：**    **年 月 日** | | | | | | | | | | | | | | | |
| **单位意见**    **（单位人事部门章）**  **年 月 日** | | | | | | | | | | | | | | | |