附件2

北京市中医妇幼名医传承工作室建设

申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 一、建设单位基本情况 | | | | | | | | | | | | | | |
| 机构名称 | | | | |  | | | | | | | | | |
| 机构级别 | | | | |  | | | | | | | | | |
| 联系人 | | | | |  | | | | | 联系方式 | | |  | |
| （简要介绍机构基本情况） | | | | | | | | | | | | | | |
| 二、工作室负责人基本情况 | | | | | | | | | | | | | | |
| 姓名 | | | |  | | | 性别 | | | | |  | | |
| 出生年月 | | | |  | | | 民族 | | | | |  | | |
| 政治面貌 | | | |  | | | 技术职称 | | | | |  | | |
| 毕业院校 | | | |  | | | 学历/学位 | | | | |  | | |
| 专业方向 | | | |  | | | 职务 | | | | |  | | |
| 工作年限 | | | |  | | | 手机号 | | | | |  | | |
| 三、工作室成员配备情况 | | | | | | | | | | | | | | |
| 姓名 | 性别 | 出生年月 | | | | 学历/学位 | | 职务/职称 | | | 专业 | | | 从事  本专业年限 |
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| 四、拟建设内容及计划安排（突出创新性、可行性） | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 五、现有工作基础 | | | | | | | | | | | | | | |
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| 六、建设成果预测 | | | | | | | | | | | | | | |
| （一）成果提供形式和验收指标  （二）预计社会、经济效益  （三）成果转化能力、推广应用价值 | | | | | | | | | | | | | | |
| 七、经费概算（单位：万元） | | | | | | | | | | | | | | |
| 经费来源 | | | 金额 | | | | | | 分年度使用计划 | | | | | |
| 市级拨款 | | | 15 | | | | | |  | | | | | |
| 辖区支持 | | |  | | | | | |  | | | | | |
| 单位配备 | | |  | | | | | |  | | | | | |
| 其 他 | | |  | | | | | |  | | | | | |
| 合 计 | | |  | | | | | |  | | | | | |
| 申请单位意见：  单位（盖章）    年 月 日 | | | | | | | | | | | | | | |