**表五**

广东省引进高层次人才认定申请表

**（青年拔尖人才）**

类别：□ 应用研究和技术开发 □ 基础研究

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 中文姓名 |  | 英文姓名 | | | | |  | | | | | | | | | | | 照片 | | |
| 出生日期 |  | 性别 | | | | |  | | | | 国籍 | | | |  | | |
| 证件类型 |  | 证件号码 | | | | |  | | | | | | | | | | |
| 国内单位 |  | 国内单位职务 | | | | |  | | | | | | | | | | |
| 学科领域 |  | 从事专业 | | | | |  | | | | | | | | | | |
| 国内住址 |  | | | | | | | | | | | | | | | | | | | |
| 国内电话 |  | | | | | | | | 国内手机 | | | | |  | | | | | | |
| 国外单位 |  | | | | | | | | 国外单位职务 | | | | |  | | | | | | |
| 国外住址 |  | | | | | | | | | | | | | | | | | | | |
| 国外电话 |  | | | | | | | | 国外手机 | | | |  | | | | | | | |
|  |  | | | | | | | | 申请补贴金额（每年） | | | |  | | | | | | | |
| 教育经历  （从本科填起） | 学位 | | | 起始时间 | | | | 国家 | | | | 院校（加注英文） | | | | | | | 专业 | |
|  | | |  | | | |  | | | |  | | | | | | |  | |
|  | | |  | | | |  | | | |  | | | | | | |  | |
|  | | |  | | | |  | | | |  | | | | | | |  | |
| 工作经历  （兼职请注明） | 职务（加注英文） | | | | 起始时间 | | | | | 国家 | | | | | | | 单位（加注英文） | | | |
|  | | | |  | | | | |  | | | | | | |  | | | |
|  | | | |  | | | | |  | | | | | | |  | | | |
|  | | | |  | | | | |  | | | | | | |  | | | |
| 获得的学术荣誉称号/入选的人才计划 |  | | | | | | | | | | | | | | | | | | | |
| 获得主要科研学术奖励情况  Academic Award |  | | | | | | | | | | | | | | | | | | | |
| 承担主要科研任务情况 | 计划名称 | | 项目名称 | | | 起始时间 | | | | 立项部门 | | | | | | 立项金额 | | | | 主持/参与 |
|  | |  | | |  | | | |  | | | | | |  | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | |  |
| 当前开展的研究项目主要内容及预期目标 |  | | | | | | | | | | | | | | | | | | | |
| 当前开展的研究项目主要科研产出及成果转化情况 |  | | | | | | | | | | | | | | | | | | | |
| 目前研究团队情况及现有科研条件及环境 |  | | | | | | | | | | | | | | | | | | | |
| 未来研究计划 |  | | | | | | | | | | | | | | | | | | | |
| 本人承诺提供的个人信息及材料均是真实的。  本人承诺在本国及境外无犯罪记录，将严格遵守中国的法律法规。  若有弄虚作假行为，本人愿意取消人才认定资格，并为此承担相应的法律责任。  本人签名 日期 | | | | | | | | | | | | | | | | | | | | |
| 单位意见 | 单位名称（章） 年 月 日    联系人：  联系手机： | | | | | | | | | | | | | | | | | | | |
| 地级（含）以上市人社、组织部门意见 | 单位（公章）  年 月 日 | | | | | | | | | | | | | | | | | | | |
| 省人社厅意见 |  | | | | | | | | | | | | | | | | | | | |