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**同济大学**

**“小米青年学者”项目申请书**

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| **申 请 人：** |  |
| **学 院：** |  |
| **研究方向：** |  |
| **填表时间：** | **年 月 日** |

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| 1. **基本情况** | | | | | | | | | |
| 姓名 |  | | 性别 | |  | | | 照片 | |
| 出生日期 | 1988.6 | | 岗位/职称 | | 教授 | | |
| 博士学位  取得时间 | 2015.7 | | 入职时间 | | 2015.9 | | |
| 博士毕业院校 |  | | 专业 | |  | | | | |
| 团队负责人 |  | | | | | | | | |
| **二、教育经历**（时间正序排列） | | | | | | | | | |
| 起止年月 | | 院校 | | 国家 | 专业 | | | 学位 | 学历 |
| 2006.9-2010.7 | |  | |  |  | | |  |  |
| 2010.9-2015.7 | |  | |  |  | | |  |  |
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| **三、工作经历**（时间正序排列） | | | | | | | | | |
| 起止年月 | | 单位 | | | | 国家 | 职 务 | | |
| 2015.9-至今 | |  | | | |  |  | | |
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| **四、近五年主要学术成果、创新成果简介**（不超过500字） | | | | | | | | | | | | | | | | | |
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| **五、个人荣誉**（不超过5项） | | | | | | | | | | | | | | | | | |
| 时间 | | 授予单位 | | | | 名称 | | | | | | | | 奖项级别 | | | |
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| **六、学术业绩** | | | | | | | | | | | | | | | | | |
| **（1）近五年代表性论著、论文**（不超过5项） | | | | | | | | | | | | | | | | | |
| 序号 | 期刊名称 | | | | | | 数量 | | 发表年月 | | | 期刊影响因子 | | | 作者类型及排序 | | |
| 1 |  | | | | | | 2 | | 2021.10 | | |  | | | 一作\*1  通讯\*1 | | |
| 2 |  | | | | | | 2 | | 2021.10 | | |  | | | 共同一作\*1(1/2)  共同通讯\*1(2/2) | | |
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| **（2）近五年代表性专利**（不超过5项） | | | | | | | | | | | | | | | | | |
| 序号 | 专利号 | | 专利名称 | | | | 专利类型 | | | | 授权时间 | | | | 国家 | | 排名 |
| 1 |  | |  | | | |  | | | |  | | | |  | | 1/10 |
| 2 |  | |  | | | |  | | | |  | | | |  | |  |
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| **（3）主持或参与项目情况**（不超过5项） | | | | | | | | | | | | | | | | | |
| 序号 | 项目来源  （如：国家重点研发计划等） | | 项目编号及名称 | | 承担课题名称 | | | | | 批准时间 | | | 获批经费  (单位:万元) | | | 排名 | |
| 1 |  | |  | |  | | | | |  | | |  | | | 1/10 | |
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| 3 |  | |  | |  | | | | |  | | |  | | |  | |
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| 5 |  | |  | |  | | | | |  | | |  | | |  | |
| **（4）主要学术/社会兼职**（不超过5项） | | | | | | | | | | | | | | | | | |
| 单位 | | | | 国家 | | | | 职务 | | | | | | 时间 | | | |
|  | | | | 中国 | | | |  | | | | | |  | | | |
|  | | | | 英国 | | | |  | | | | | |  | | | |
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| **（5）其他相关奖励及成果**（不超过200字） | | | | | | | | | | | | | | | | | |
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| **七、未来工作计划（不超过500字）（主要研究方向和思路、工作目标、预期贡献）** |
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| **八、真实性承诺** |
| 本人郑重承诺：  以上信息均真实有效，对因填报不实引起的一切后果由申报本人承担。  申请人签字:  年 月 日 |
| **九、所在学院意见** |
| 学院盖章：  年 月 日 |
| **十、学校意见** |
| 单位盖章：  年 月 日 |