**北京中医药大学博士后进站考核表**

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| **申请人姓名** | | |  | | | | **性别** | |  | | **出生年月** | | |  | | | **婚姻状况** | | |  |
| **博士毕业院校** | | | | | |  | | | | | **博士毕业学科（一级学科）** | | | | | | | |  | |
| **拟进入流动站（一级学科）** | | | | | | |  | | | | | | | | **合作导师** | |  | | | |
| **拟定研究题目** | | | | | | |  | | | | | | | | | | | | | |
| **进站后拟开展的工作计划、内容：**  本人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **合作导师主要科研课题情况** | | | | | | | | | | | | | | | | | | | | |
| **项目名称** | | | |  | | | | | | | | | | | | | | | | |
| **项目来源** | | | |  | | | | | | | | | | | | | | | | |
| **科研经费情况** | | | |  | | | | | | | | | | | | | | | | |
| **以上科研信息已核实无误。**  合作导师签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **进站考核专家组名单（5-7人）** | | | | | | | | | | | | | | | | | | | | |
|  | **姓名** | | | | **所在单位** | | | | | | | **职称** | | | | **专家签字** | | | | |
| **组长** |  | | | |  | | | | | | |  | | | |  | | | | |
| **成员** |  | | | |  | | | | | | |  | | | |  | | | | |
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| **专家组考核意见**（具体考核意见请填写至《博士后科研流动站设站单位学术部门考核意见表》，并由考核小组组长签字）：    考核组长签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **流动站学科所在学术委员会意见：**  负  负  负责人签字：  年 月 日 | | | | | | | | | | **设站单位审核意见：**  负  负责人签字（盖章）：  年 月 日  负 | | | | | | | | | | |
| **学校考核专家组名单（5-7人）** | | | | | | | | | | | | | | | | | | | | |
|  | | **姓名** | | | | | | **所在单位** | | | | | **职称** | | | | | **本人签字** | | |
| **组长** | |  | | | | | |  | | | | |  | | | | |  | | |
| **成员** | |  | | | | | |  | | | | |  | | | | |  | | |
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| **校专家组考核意见：**    考核组长签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **人事处审核意见：**  负责人签字（盖章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **学校审核意见：**  校领导签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | |

**注：该表须用A4纸双面打印。**