**附件2**

**浙江中医药大学**

**申请培养硕士研究生**

**指导教师简况表**

**（学术型）**

**申请人姓名：**

**所在单位：**

**申报一级学科：**

**二级学科：**

**所属学院：**

研究生院制表

2025年 月 日填写

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| 姓名 | |  | | | | 性别 | |  | | | 出生日期 | | | | 年 月 日 | | | | | | | 照片  1寸免冠彩照 | |
| 民族 | |  | | | | | | 党派 | | |  | | | | 籍贯 | | | |  | | |
| 专业技术  职称 | | |  | | | | | 评聘  时间 | | | 年 月 | | | | 评聘单位 | | | |  | | |
| 最高学位和最后学历（包括毕业和授予学位的时间、专业和学校） | | | | |  | | | | | | | | | | | | | | | | | | |
| 工作单位  （含学院、所） | | | | |  | | | | | | | | | | | | | | | | | | |
| 主要学术  研究方向 | | | | | 1、 | | | | | | | | | | | | | | | | | | |
| 2、 | | | | | | | | | | | | | | | | | | |
| 联 系电 话 | | | | | 手机 | |  | | | 办公室 | | |  | | | | | 住宅 | | |  | | |
| E-mail | | | | |  | | | | | | | 身份证号 | | | | |  | | | | | | |
| 通 讯 地 址  及邮 编 | | | | |  | | | | | | | | | | | | | | | | | | |
| 学会学术  任职情况 | | | | |  | | | | | | | | | | | | | | | | | | |
| **大学及以后主要经历** | | | | | | | | | | | | | | | | | | | | | | | |
| 自何年月 | | | | | | 至何年月 | | | 学校或工作单位 | | | | | | | | | | | | | 任职情况 | |
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| **（限填五项）**  **目前承担的在研科研项目** | 序号 | | 项目名称 | | | | | | | | | | 项目来源 | | | | | | 起讫时间 | | | 在科研经费  （万元） | |
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| **获奖及其他成果** | 序号 | | 成果名称 | | | | | | | | | | 成果类型、等级、获得时间 | | | | | | | | | 本人排名 | |
| 1 | |  | | | | | | | | | |  | | | | | | | | |  | |
| 2 | |  | | | | | | | | | |  | | | | | | | | |  | |
| 3 | |  | | | | | | | | | |  | | | | | | | | |  | |
| **近五年代表性论文（限填六项）** | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 论文名称 | | | | | | | | | | | | | | 期刊名称，  发表时间、页码 | | | | | | 第一/通讯 | |
| 1 | |  | | | | | | | | | | | | | |  | | | | | |  | |
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| 6 | |  | | | | | | | | | | | | | |  | | | | | |  | |
| **近五年出版学术著作** | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 著作名称及出版时间 | | | | | | | | | | | | | | 出版社 | | | | | | 本人排名 | |
| 1 | |  | | | | | | | | | | | | | |  | | | | | |  | |
| 2 | |  | | | | | | | | | | | | | |  | | | | | |  | |
| **本人临床、教学和科研工作概况**包括本人的主要研究方向或领域，主持完成科研项目、发表论文和专著、获奖情况及其意义；培养研究生的人数和质量；主讲课程、编写教材；研究生培养方向及培养目标等情况，限1000字以内。 | | | | | | | | | | | | | | | | | | | | | | | |
| **本人在此承诺：**  **本简况表所填内容均真实可靠，本人对此愿负一切责任。**  申请人签名：  2025年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| **申请人所在单位推荐意见：**  负责人（签章）： （单位公章）  2025年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |