附表2

**内蒙古口腔医学会——内蒙古口腔医学人才奖申报表**

**（优秀口腔医师）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | 性别 |  | | | 民族 |  | | 出生年月 | | |  | | | | | | | | |
| 学历 |  | | | 职称 |  | | 学会任职 | | |  | | | | | | | | |
| 工作单位 | |  | | | | | | | | | 现从事学科专业 | | | |  | | | | | | |
| 联系电话 | |  | | | 手机 |  | | | | | | | E-mial | | |  | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | 邮政编码 | | | |  | | | |
| 本人2015年至2018年具有代表性的科研情况 | | | | | | | | | | | | | | | | | | | | | |
| 最具  代表 性的 论文 | 序号 | 论文题目（包括研究生发表的论文） | | | | | | | | | | | | | 发表刊物名称、年、卷、期、页 | | | | | 本人排序 | |
| 1 |  | | | | | | | | | | | | |  | | | | |  | |
| 2 |  | | | | | | | | | | | | |  | | | | |  | |
| 3 |  | | | | | | | | | | | | |  | | | | |  | |
| 4 |  | | | | | | | | | | | | |  | | | | |  | |
| 5 |  | | | | | | | | | | | | |  | | | | |  | |
| 参加义诊  及学会活动 |  | | | | | | | | | | | | | | | | | | | | |
| 开展新技术新业务情况 | 序号 | 项 目 名 称 | | | | | | | 开展病例数 | | | 起讫  时间 | | | | | 经济效益 | | 本人排序 | | |
| 1 |  | | | | | | |  | | |  | | | | |  | |  | | |
| 2 |  | | | | | | |  | | |  | | | | |  | |  | | |
| 所 受 何 种 奖 励 | | | | | | | | | | | | | | | | | | | | | |
| （包括各种奖励及患者表扬信锦旗等） | | | | | | | | | | | | | | | | | | | | | |
| 所在科室意见 | | 签字（盖章） 年 月 日 | | | | | | | | | | | | | | | | | | |
| 所在单位意见 | | 签字（盖章） 年 月 日 | | | | | | | | | | | | | | | | | | |
| 内蒙古口腔医学会意见 | | 签字（盖章） 年 月 日 | | | | | | | | | | | | | | | | | | |

**先进事迹材料**

填表说明

1.表格可根据个人情况增加内容复印有效

2. 表格后需附打印版先进事迹材料

3. 表格盖章有效，否则不予评奖