**附件**

# 浙江省神经精神疾病药物研究重点实验室

# 开放课题申请书

**课题名称：**

**申请金额：**

**起止年月：**

**申 请 人：**

**所在单位：**

**通讯地址：**

**电 话：**

**电子邮件：**

**邮政编码：**

**申请日期：**

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| 1. **简表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **课题名称** | | | | |  | | | | | | | | | | | | | **课题性质** | | | | | A基础研究 B应用研究  C应用基础 D测试装备 | | | | | |
| **申**  **请**  **者** | | **姓名** | | |  | | | | | **性 别** | | | | |  | | | **出生年月** | | | | |  | | | **民族** | |  |
| **职称** | | |  | | **最后 学位** | | | |  | | | **获得**  **时间** | | |  | | | | | **授予**  **学校** | | |  | | | |
| **身份证号** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **所学**  **专业** | | |  | | | | | | | | | | | | **研究方向** | | | | |  | | | | | | |
| **所**  **在**  **单**  **位** | | **名称** | | |  | | | | | | | | | | | | **性 质** | | | | | A高校 B研究单位  C企事业单位 | | | | | | |
| **所在地** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **参评方向** | | **参评方向（选择实验室研究方向一、二、三）** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **课**  **题**  **组** | | **人数** | | | **高 级** | | | | | | | **中 级** | | | | | **初 级** | | | | | **研究生** | | | | | **辅助人员** | |
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| **合作单位** | | | | |  | | | | | | | | | | | | **合作人员** | | | | |  | | | | | | |
| **申请金额** | | | | |  | | | | | | | | | | | | **起止年月** | | | | |  | | | | | | |
| **申请课题主要研究内容** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **预期 成果** | | | | | 国际期刊论文 篇， 国内核心期刊论文 篇，  国际会议论文 篇， 全国性会议论文 篇，  专利情况 项  注：成果署名必须将重点实验室作为第一作者或者第二作者单位。 | | | | | | | | | | | | | | | | | | | | | | | |
| **二、立项依据（研究意义，国内外研究现状分析）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **三、研究方案**（可加页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、年度工作安排和阶段成果** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **五、申请金额和开支计划及明细** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请总金额（万元）** | | | | | | **第一年度** | | | | | | | | | | | | | | 第二年度 | | | | | | | | | |
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| **六、申请者学术简历，近五年主要成果，已具备条件** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **七、研究队伍** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **姓 名** | | | **性别** | | | | | **出生年月** | | | | **年龄** | | | **职称**  **（学位）** | | | | | **工作量**  **（月）** | | | **分 工** | | | | |
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| **八、推荐者与推荐意见**（副高级和正高级职称的申请者可免此项，推荐者应具有高级职称） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **推荐意见**  **推荐人签字**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | | **职 称** | | | | | **专 业** | | | | | | | | | | | **工 作 单 位** | | | | | | | | | |
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| **推荐意见**  **推荐人签字**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **九、申请者签章**  **申请人**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **十、申请者所在单位意见**  **签 字： 公章(法人)：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **十一、评审意见** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学术委员会建议及意见**  **签 字**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **实验室主任意见**  **签 字**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |