中国农业大学“人才培育发展支持计划”

单位推荐审批表

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| **姓名** | |  | | | | | | | | | | | | **性别** | | |  | | | | | **出生年月** | | | | |  | | | | | | |
| **职工编号** | |  | | | **最高学历/学位** | | | | | | | | | | | |  | | | | | | | | **所在一级学科** | | | | | |  | | |
| **所在二级学科** | |  | | | | | | | | | | | | | | | **主要研究方向** | | | | | | |  | | | | | | | | | |
| **现工作单位及专业技术职务** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **联系电话** | |  | | | | | | | | | | | | | | | | | **邮箱** | | | | | |  | | | | | | | | |
| **申报岗位** | | **🗆 领军教授A类 🗆 领军教授B类 🗆 青年新星A类 🗆 青年新星B类** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **是否同意向下调剂岗位类型** | | | | | | | | | | | | | **🗆 是 🗆 否** | | | | | | | | | | | | | | | | | | | | |
| **主要学术成果（限300字）** | | | **（重点说明个人主要学术贡献、重要创新成果及其科学价值或社会经济意义）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要代表作** | | | **（包括个人论文和著作、 主持或参与课题和项目情况，重要获奖情况、发明专利情况、参与社会服务等情况，限填5项以内，限2015年1月1日至2019年3月31日期间取得；国家科学技术奖励可放宽至2011年1月1日）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | | | **基本信息** | | | | | | | | | | | | | | | | **本人作用和主要贡献（限100字）** | | | | | | | | | | | |
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| **个人工作设想（限600字）** | | | **（填写受聘后主要岗位职责、工作任务和具体、定量的工作目标。工作目标将作为申报评议的关键因素和考核的重要依据。申报创新团队的，不需填报此项。）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **属于回避情况的社会关系（在职，且为正高级）** | | | **与本人关系** | | | | | | | | **姓名** | | | | | | | **现工作单位及职称、职务** | | | | | | | | | | | | **联系电话** | | | |
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| **申报创新团队支持的，填写以下内容，否则跳至签名栏** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申报团队支持类型** | | | | | **🗆 国家级创新团队 🗆 高水平创新团队 🗆 青年科学家创新团队**  **🗆 无需申报（仅限现任国家自然科学基金创新研究群体负责人的，或现任教育部创新团队负责人的，学校直接给予国家级创新团队支持）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **是否同意向下调剂团队类型** | | | | | | | | | | | | | **🗆 是 🗆 否** | | | | | | | | | | | | | | | | | | | | |
| **团队成员备案**  **（表格不够可在审批表后另附名单）** | | | **姓名** | | | | | **职工编号** | | | | | | | **出生年月** | | | | | | **单位** | | | | **主要研究方向** | | | | | | **现专业技术职务** | | |
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| **团队基础**  **（限600字）** | | | **（重点填写团队已入选国家级或省部级创新团队支持计划，团队成员入选各类人才计划项目情况，近四年（2015年1月1日至2019年3月31日）在科学研究、前沿交叉学科领域取得重要创新成果及其科学价值或社会经济意义。）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **部分核心团队成员学术简历（不超过3人，每人限400字）** | | | **（包括核心团队成员个人基本信息、学位学历、学术任职经历、科研项目及主要学术成果、所获人才称号等）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **创新团队建设目标**  **（限600字）** | | | **（明确研究方向，围绕队伍建设（国家级人才计划、国家级青年人才计划等）、科学研究、人才培养、学术交流、平台建设、社会服务，填写受聘后具体、定量的工作目标。工作目标将作为申报评议的关键因素和考核的重要依据。）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **我郑重承诺以上所填内容属实，同时本人了解并承诺遵守《中国农业大学人才培育发展支持计划管理办法》和《中国农业大学人才培育发展支持计划实施细则》(中农大人字﹝2019﹞6号)的有关内容。**  **申报人签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学院配套**  **支持** | | | **学院提供的工作支持具体措施（包括实验室及办公室空间，招生指标，配套经费等）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在单位基层党组织意见** | | | **负责人签字（单位公章）：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在单位资格审查** | | | **负责人签字（单位公章）：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在单位学术委员会意见** | | | **针对个人岗位** | | | | | | | | | | | | | | | | | | | **针对创新团队** | | | | | | | | | | | |
| **组成**  **人数** | | | **参会**  **人数** | | | | | **表决**  **意见** | | | | **同意**  **票数** | | | | **不同意**  **票数** | | | **组成**  **人数** | | | **参会**  **人数** | | | **表决**  **意见** | | | **同意**  **票数** | **不同意**  **票数** | |
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| 同意推荐为 （岗位）  聘任人选。  **主任签字：**  **年 月 日** | | | | | | | | | | | | | | | | | | | 同意给予 （创新团队类型）支持。  **主任签字：**  **年 月 日** | | | | | | | | | | | |
| **所在单位党政联席会意见** | | | **负责人签字（单位公章）：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **资格复核及同行专家**  **评议结果** | | | **资格复核结果：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **同行专家评议结果：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **人事处负责人签章：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学校人才工作专门委员会分委员会意见** | | | **针对个人岗位** | | | | | | | | | | | | | | | | | | | **针对创新团队** | | | | | | | | | | | |
| **参会人数** | | | | | | **表决**  **意见** | | | | | | **同意**  **票数** | | | | **不同意**  **票数** | | | **参会人数** | | | | | **表决**  **意见** | | | | **同意**  **票数** | **不同意**  **票数** | |
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| 同意推荐为 （岗位）  聘任人选。 | | | | | | | | | | | | | | | | | | | 同意给予 （创新团队类型）支持。 | | | | | | | | | | | |
| **学校人才工作组意见** | | | **主任签字：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学校审批意见** | | | **盖章：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |