|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件1  上海市扬帆计划推荐项目申请汇总表  **项目申报部门、教学单位或附属医院（盖章）：**  **填表人（姓名、手机、email）：**  **填表日期：** | | | | | | | | | |  | |
| **编号** | **姓名** | **性别** | **部门** | **项目名称** | **出生年月** | **职称** | **进入申报单位时间** | **是否确认未曾主持省部级（含）以上项目** | **备注** | |
|  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  | |