**浙江大学龙泉创新中心**

**科技项目（课题）申请书**

项目名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

项目申请人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

所在单位\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填表日期\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

浙江大学龙泉创新中心制

申请者承诺：

我承诺对本人填写的各项内容的真实性负责，保证没有知识产权争议。委托单位及龙泉市相关主管部门有权使用本表所有数据和资料。

申请人（签章）：

年 月 日

### 填　表　说　明

一、基本情况详见《申报通知》，请认真仔细阅读后填写。

二、本申请书用计算机如实填写，填写前须仔细阅读《龙泉市“十五五”时期科技支撑产业发展规划暨浙西南科创基地提能升级路径研究项目申报通知》，其中“研究方案”填写的内容应简明扼要，突出重点。

三、本申请书的第一项、第二项、第三项、第四项由课题申请人填写，第五项由课题申请人所在单位填写，并加盖单位公章。第六项申报时无需填写。

四、凡递交的申请书及附件概不退还。**一、项目申请人及主要成员**

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| 申请人姓名 | |  | | | | 身份证 | |  |  |  | |  |  |  | |  |  | |  |  | | |  |  |  | | |  |  |  |  |  |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业职称 | |  | | | | 职务 | |  | | | | | | | 研究专长 | | | | | |  | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | |  | | | | | | |
| 联系电话 | | 办公 | |  | | | | 移动 | | |  | | | | | | | | | | | 传真 | | |  | | | | | | | |
| E-mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系人姓名 | |  | | | | | | | | | E-mail | | | |  | | | | | | | | | | | | | | | | | |
| 联系人电话 | | 办公 | |  | | | | 移动 | | |  | | | | | | | | | | | 传真 | | |  | | | | | | | |
| 主　要　成　员（可附页） | 姓 名 | | 出生  年月 | | 职称 | | 职务 | 工作单位 | | | | | | | | | | 在本项目研究中承担的任务 | | | | | | | | | 联系  电话 | | | | | |
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**二、项目负责人近五年完成的与本项目（课题）相关的研究成果**

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| **主要研究成果（限填20项）** | **研究成果或出版物** | **研究任务委托来源** | **成果转化应用情况（选填）** | **完成年月** |
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**三、研究方案**

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| **主要内容包括：**1、研究思路和研究框架；2、研究方法；3、研究进度安排；4、主要创新点；5、其他需要说明的情况。 |

**四、项目经费报价表**

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| **序号** | **明细项目** | **金额（万元）** | **费用内容** |
| 1 | 图书资料费 |  |  |
| 2 | 调研差旅费 |  |  |
| 3 | 会议费 |  |  |
| 4 | 印刷费 |  |  |
| 5 | 专家咨询费 |  |  |
| 6 | 其他 |  |  |
|  | 最终报价 |  | |

**五、申请人所在单位意见**

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| 申请人所填写的内容是否属实；本单位能否提供完成本项目（课题）所需的时间和条件。  单位负责人：  单位公章  年 月 日 |

**六、审核意见**

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| **资格审核意见(在方括号内打“✓”)** | **合格** | **[ ]** | **不合格** | **[ ]** |
| **判定为不合格的主要理由（在方括号内打“✓”）：**  1．不符合申报条件[ ]2．不符合申报填写要求[ ]  3．相关资料不齐[ ]4．其它[ ]  审核人（签章）：  年 月 日 | | | | |