**2023年度鄂尔多斯市人大常委会**

**研究室课题研究申请书**

课题名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申 请 人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

鄂尔多斯市人大常委会研究室制

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。鄂尔多斯市人大常委会研究室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《遴选公告》，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《鄂尔多斯市人大常委会研究室关于面向社会公开选聘研究课题的通知》，其中“课题研究方案”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、第三项由课题申请人填写，第四项由课题申请人所在单位填写，并加盖单位公章。

五、本申请书一式五份,文件须在投标截止时间前现场递交或（信封上请注明“公开选聘课题”字样）通过邮寄方式提交，并用电子邮件报送电子版文件（在邮件主题处注明公开选聘课题字样），以邮戳时间为准。通讯地址：内蒙古自治区鄂尔多斯市康巴什区党政大楼C座615室，联系人：周伟，联系电话：0477-8581072，传真：0477-8588971，电子邮箱：849094307@qq.com。

六、凡递交的申请书及附件概不退还。

**一、课题申请人及主要成员**

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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** | | | | | | | | | | **在本课题研究中承担的任务** | | | | | | | | **联系**  **电话** | | | | |
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**二、课题负责人近期与本课题相关的研究成果**

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| **主要研究成果** | **课题成果或出版物** | **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、课题研究方案**

申请课题名称：

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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、课题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课题所需的时间和条件。**  **单位负责人：**  **单位公章**  **年 月 日** |