**河海大学博士后国际交流计划引进项目申请表**

Hohai University Application for Postdoctor Admission

**一、申请人基本信息/Basic Information about the Applicants**

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| 1. 姓名   Name |  | 1. 性别   Gender | |  | 1. 出生日期   Birth Date | | |  | |
| 1. 国籍   Nationality |  | | | 1. 联系方式   Mobile Phone or E-mail | | |  | | |
| 6.拟进站一级学科  Primary Subject |  | 7.拟合作导师  Supervisor | |  | 8.拟进站时间  Date of Beginning Research | | | |  |
| 9．获得博士学位单位和学科**、**专业  Employer and Subject in the Doctor Period | 单位名称  Employer | |  | | 2016年世界高校排名  World University Ranking | | | |  |
| 一级学科  Subject | |  | | 博士学位获得时间  Date of Attaining the Doctor Degree | | | |  |
| 10．主要学习经历  Study Experience | 起止时间  Duration of time | | 毕业院校及专业  Institution & Major | | | 所获学位  Received Degree | | | |
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| 11．主 要工作和研究经历  Work Experience | 起止时间  Duration of time | | 所在单位  Employer | | | 工作职位  Position Held | | | |
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**二、科研情况/Information of Research**

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| 12．主持和参与的研究项目  Research Projects (As a Project Leader or a Participant) | | 项目名称  Project Title | 项目来源和级别  Source & Level of Project | | 起止时间  Duration of time | | 项目  经费  Appropriations | 本人排名  Rank |
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| 13．已发表的论文  Articles Published | | 论文题目  Titles for the Articles | 学术刊物或会议名称  Academic Journals or Conferences | 发表时间  Date of Published | 收录情况  SCI/SSCI/EI,etc. | | SCI  分区  Q1/2/3/4 | 本人排名  Rank |
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| 14．已发表的专著  Monographs Published | | 书 名  Titles for the Monographs | 出版社  Publishing Company | | | 出版时间  Date of Published | | |
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| 15．已取得的专利  Patents | | 专利名称  Patent Title | 专利授权号  No. | 专利类型  Type of Patent | | 受理时间  Date of Authorised | | 本人  排名  Rank |
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| 16．获得科技奖励情况  Academic Awards | | 获奖名称  Award Title | | 授奖单位  Award Organization | 获奖等级  Award Grade | | 获奖时间  Date of Award | | 本人  排名  Rank |
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**三、博士后研究计划/Plan for the Postdoctor Research**

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| 17.研究项目名称  Name for the Research Programme |  |
| 18．研究工作具体内容以及预期研究成果：  Description of Postdoctoral Research Work and Expected Outcomes ( Please add more paper if needed) | |

**四、申请人承诺/ I hereby affirm that**

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| 本人保证此申请表中所填内容是真实无误的，如入选该计划，能在河海大学全职工作不少于21个月，在河海大学工作期间，将自觉遵守中国的法律法规和学校的规章制度。  I promis all the information in this form is true and correct. I am able to guarantee the consecutive research in HHU exclusively for no less than 21 months. During the period in HHU, I shall abide the Chinese laws and regulations of University.  申请人签字： 日期 年 月 日  Applicant’s Signature： Date Year Month Day |

**五、合作导师对申请人学术水平、科研能力及研究计划的考核评价 / Supervisor’s Evaluation on Applicant’s Academic, Scientific Research Capacities and the Practicability of the Research Plan**

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| 合作导师签字： 日期 年 月 日  Supervisor’s Signature Date Year Month Day |

**六、单位意见/Department’s comments**

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| **1、流动站所在学院的综合意见 / Department’s General Comments**  是否同意招收（Accept or Not）  学院负责人签字： （公章） 日期 年 月 日  Person in Charge Date Year Month Day |
| **2、人事处审核意见 / Personnel Department’s comments**  人事处负责人签字： （公章） 日期 年 月 日  Person in Charge Date Year Month Day |