附件

 泉州市医疗保障局委托研究课题申报表

 申报时间： 年 月 日

|  |  |
| --- | --- |
| 课题名称 |  |
| 承担单位 |  |
| 课题负责人 |  | 联系电话 |  | 职称/职务 |  |
| 经办人 |  | 联系电话 |  | 职称/职务 |  |
| 单位地址 |  |
| **一、课题研究的主要思路和方法** |

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| **二、课题研究计划和预期成果****三、课题经费预算及报价**

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| 项 目 | 预算说明 | 金额（元） |
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**报价： （元）** **四、申报单位已有的学术成果****五、课题负责人已有的研究成果** |
| **六、课题组成员（包括课题负责人）** |
| 姓 名 | 单 位 | 职务/职称 | 承担任务 |
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