附件

天津市医疗保障局评估项目申报表

申报时间：2022年 月 日

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| --- | --- | --- | --- | --- | --- |
| 项目名称 |  | | | | |
| 承接单位 |  | | | | |
| 项目负责人 |  | 联系电话 |  | 职称/职务 |  |
| 经办人 |  | 联系电话 |  | 职称/职务 |  |
| 单位地址 |  | | | | |
| 1. **相关项目经历**   **二、评估步骤与方法** | | | | | |

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| **三、评估内容与标准**  **四、时间进度安排**  **五、预期项目成果**  **六、经费预算**   |  |  |  | | --- | --- | --- | | 项 目 | 预算说明 | 金额（元） | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **七、项目团队已有的学术成果** | | | |
| **八、项目组成员（包括项目负责人）** | | | | |
| 姓 名 | 单 位 | 职务/职称 | 承担任务 | |
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