附件

天津市医疗保障局评估项目申请表

申报时间：2023年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | | | | | | | | |
| **一、相关项目经历** | | | | | | | | | | | |
| **二、评估步骤与方法** | | | | | | | | | | | |
| **三、评估内容于标准** | | | | | | | | | | | |
| **四、时间进度安排** | | | | | | | | | | | |
| **五、预期项目成果** | | | | | | | | | | | |
| 1. **经费预算** | | | | | | | | | | |
| 项目 | | | | 预算说明 | | | 金额（元） | | | |
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| **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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