申报编号：

**绍兴市人力资源和社会保障事业发展“十四五”规划编制申请书**

申请人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

绍兴市人力资源和社会保障局制

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。绍兴市人力资源和社会保障局有权使用本表所有数据和资料。

申请人（签章）：

年 月 日

**一、规划编制申请人及主要成员**

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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、规划编制负责人近五年完成的与本规划相关的研究成果**

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| **主要研究成果（限填20项）** | **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、规划编制方案**

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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、规划编制经费报价表**

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| **最终报价（大写）** | 合计人民币 |

**五、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 |