附件

 国家医疗保障局委托研究课题申报表

 申报时间：2020年 月 日

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| --- | --- |
| 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、研究的主要内容和方法** |

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| **二、预期成果****三、经费预算**

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| 项 目 | 预算说明 | 金额（元） |
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**四、研究团队已有的学术成果** |
| **五、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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