附件3：

**“创新方法研究会创新方法成就奖”**

**获奖候选项目推荐表**

编号： 提交日期： 年 月 日

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| **被推荐项目：** | | | | | | | | | | | | | | | | | | | | | |
| **推荐方式**□创新方法研究会理事会5名以上成员 □各省、直辖市、自治区等地方研究会  □创新方法研究会下属分支机构 □“创新方法研究会创新方法成就奖”获奖者 | | | | | | | | | | | | | | | | | | | | | |
| **推荐者基本情况** | | | | | | | | | | | | | | | | | | | | | |
| 一.推荐渠道为创新方法研究会理事会5名以上成员，请填写此项 | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 单位 | | | | | | 职称/职务 | | | 在本会职务 | | | | | 电话 | | | 邮箱 | |
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| 二．推荐渠道为各省、直辖市、自治区等地方研究会，请填写此项 | | | | | | | | | | | | | | | | | | | | | |
| 地方研究会名称 | | | | | | | 联系人 | | | | 电话 | | | | | 邮箱 | | | | | |
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| 三．推荐渠道为创新方法研究会下属分支机构，请填写此项 | | | | | | | | | | | | | | | | | | | | | |
| 分支机构名称 | | | | 负责人 | | 电话 | | | | | | | 邮箱 | | | | | | | | |
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| 四、推荐渠道为“创新方法研究会创新方法成就奖”获奖者，请填写此项 | | | | | | | | | | | | | | | | | | | | | |
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| 推  荐  者  意  见 | | （公 章）    推荐者（单位或个人）：  注：推荐者如为个人请签字，如为单位请加盖单位公章 | | | | | | | | | | | | | | | | | | | |
| **被推荐项目基本信息** | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | |  | | | | | | | | | | | | | | | | | | | |
| 项目单位（不超过3个） | | | | | | | | | | | | | | | | | | | | | |
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| 项目主要完成人（不超过10人） | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | 单位 | | | 职称/职务 | | | | | | 项目主要职责 | | | | | 电话 | | |
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| 项  目  简  介 | |  | | | | | | | | | | | | | | | | | | | |
| 何时何  地受何  种荣誉  奖 励 | |  | | | | | | | | | | | | | | | | | | | |
| 创新方法领域的成就及贡献（不超过1000字）： | | | | | | | | | | | | | | | | | | | | | |
| 声明：以上内容及全部材料进行了审查，对其客观性和真实性负责。  被推荐项目第一完成人签字： 声明日期：2024年 月 日  项目单位盖章： （公 章） （公 章） （公 章） | | | | | | | | | | | | | | | | | | | | | |
| 评审委员会意见      年 月 日 | | | | | | | | | | 常务理事会意见  年 月 日 | | | | | | | | | | | |