附件

**基础医学院第一批“党建+”攻坚项目申报表**

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| 项目名称 | | |  | | | | | | | |
| 申报支部/部门 | | |  | | | | | | | |
| 项目负责人 | 姓名 | |  | | 性别 |  | | 政治面貌 | |  |
| 职称 | |  | | 职务 |  | | 手机 | |  |
| 主要参加人员 | | | | | | | | | | |
| 姓名 | | 年龄 | | 职务 | | | 职称 | | 承担任务 | |
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| 项目内容 | | | | | | | | | | |
| （包括但不限于以下内容：基本思路、具体举措、重点与难点、条件保障等。） | | | | | | | | | | |

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| 项目目标 | |
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| 项目进度计划 | |
|  | |
| 项目成果 | |
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| 所在党组织  意见 | 负责人签名： |
| 学院审核意见 |  |