**本源公益基金“青年PI助研金”生命科学项目申请表**

**（请用中英文填写）**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Basic Information 基本信息* | | | | | | | | |
| Name  姓名 | Chinese  中文 |  | | Sex  性 别 | Male Female  男  女 | | Picture  照片 | |
| English  英文 |  | | Date of Birth  出生日期 |  | |
| ID Card No.  身份证号 | |  | | Institute  任职院校 |  | |
| Office Phone  办公电话 | |  | | Appointment  职位 |  | |
| Office Address  办公地址 | |  | | Date of Appointment  入职日期 |  | |
| *Educational Background 教育背景* | | | | | | | | |
| From  开始时间 | | To  毕业时间 | School  学 校 名 称 | | | Majored in  专 业 | | Degree  学 位 |
|  | |  |  | | |  | |  |
|  | |  |  | | |  | |  |
| *Working Career 工作经历* | | | | | | | | |
| From  开始时间 | | To  结束时间 | Employer  工 作 单 位 | | | Appointment  职位 | | Independent PI?  是否独立研究员? |
|  | |  |  | | |  | |  |
|  | |  |  | | |  | |  |
| Institutional Approval  单位意见(盖章)  (如果此表格跨页，请加盖骑缝章或每页都盖章) | |  | | | | | | |

*I hereby declare that all the information given by me in this form is true. 我声明申请表中所填写的内容属实。*

**申请人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_申请日期： \_\_\_\_\_\_\_\_\_\_\_\_\_**