附件2

包头医学院大学生

“青创驿站”（创新创业孵化基地）

入驻申请表

项目负责人姓名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

项  目  名  称: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

联  系  电  话: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

电  子  邮  箱: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

所  在  系  部: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申  报  日  期: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**包头医学院大学生“青创驿站”（创新创业孵化基地）**

**入驻申请表**

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| **负责人及创业团队基本情况** | | | | | | | | | | | | |
| **项目名称** | |  | | | | | | | | | | |
| **负责人姓名** | |  | | | | | **出生年月** | |  | **照片** | | |
| **性别** | |  | | **民族** | |  | **政治面貌** | |  |
| **年级/专业** | |  | | | | | **联系电话** | |  | | | |
| **所在学院** | |  | | | | | | | | | | |
| **是否符合优先条件（详细说明）** | |  | | | | | | | | | | |
| **创业团队其他主要成员情况** | | **姓名** | | | **学院/年级专业** | | **年龄** | **所在创业团队中分工负责范围** | | | | **联系电话** | |
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| **项目指导教师** | | | | | | | | | | | | |
| **姓名** | **所在学院** | | | | **职务/职称** | | **电话** | | | | **签名** | |
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| **本人确认签名** | | | | | | | | | | | | |
| **以上所填内容属实，谨此确认。申请人（签名）：** | | | | | | | | | | | | |
| **审批意见** | | | | | | | | | | | | |
| **申请人所在学院意见** | | | **负责人签字：**  **年 月 日** | | | | | | | | | |
| **创新创业学院 意见** | | | **负责人签字：**  **年 月 日** | | | | | | | | | |