附件3

XX（科室）学术论文自查汇总表（2013.1.1-2025.5.9）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **本科室科研人员数量** | **专项检查论文篇数（仅统计署名单位为：河南中医药大学/河南中医药大学针灸推拿学院/河南中医药大学第三临床医学院）** | | | | | | | | | | | | | | | | | **问题论文篇数** | | | | | | | | | | |
| **2013** | **2014** | | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | | **2025.1.1-5.9** | | **合计** | **问题类型1** | **问题类型2** | | **问题类型3** | **问题类型4** | | **问题类型5** | | **问题类型6** | **问题类型7** | **合计** |
|  |  |  | |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  |  | |  | |  |  |  |
| 问题论文申报 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **姓名** | | **论文题目** | | | | | | | | | | | **发表刊物** | | **发表/出版时间** | | **刊物类别** | | **身份类型（职工/学生/其他）** | | | **作者类别（通讯/一作/参与）** | | **问题类型编号** | | | |
|  |  | |  | | | | | | | | | | |  | |  | |  | |  | | |  | |  | | | |
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经XX（科室）核查，本科室科研人员于上述时间发表的学术论文**尚未发现/发现**学术不端问题和无实质学术贡献挂名现象，并对上报材料的真实性负责。特此承诺！

科主任签字：

年 月 日