附件2

**温州市水利工程中级职务任职资格评审委员会**

**专家库成员基本情况信息项表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | | | | | | | | | 性别 | | | | | | 1、男 2、女 | | | | | | | | | | | | 二寸近期  正面彩照 |
| 身份证号 | |  |  |  |  |  | |  | |  | | |  |  | |  | | |  |  | | |  |  |  | | |  | | |  |  |
| 出生年月 | | 年 月 | | | | | | | | | 最高学历 | | | | | | | |  | | | | | | | | | | | | | |
| 所获学位 | |  | | | | | | | | | 毕（肄）业时间 | | | | | | | | | | | 年 月 | | | | | | | | | | |
| 毕（肄）业  学校 | |  | | | | | | | | | | | | | | | | | | | | | | | | 所学专业 | | | | | | |  |
| 参加工  作时间 | | 年 月 | | | | | | | | | | 现从事专业及年限 | | | | | | | | | | 专业： 共 年 | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否高评委建库单位人员 | | 1、是 2、否 | | | | | | | 行政职务 | | | | | | | |  | | | | | | | | | | 现有任  职资格 | | | | | |  |
| 资格级别 | |  | | | | | | | 取得时间 | | | | | | | | 年 月 | | | | | | | | | 所属系列 | | | | | | |  |
| 聘任情况 | | 1. 在聘 2. 仅具有资格 3. 离退休 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 曾任何中评委成员及职务 | | | | | | | 中评委名称： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职务：1. 主任委员 2. 副主任委员 3. 委员 | | | | | | | | | | | | | | | | | | | | | | | 任职时间 | | | 年 月 |
| 曾任何高评委成员及职务 | | | | | | | 高评委名称： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职务：1. 主任委员 2. 副主任委员 3. 委员 | | | | | | | | | | | | | | | | | | | | | | 任职时间 | | | | 年 月 |
| 现拟任专家库成员情况 | | | | | | | 中评委职务：1. 主任委员 2. 副主任委员 3. 委员 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业（审议）组 | | | | | | | | | | | | | 1、组长 2、组员 | | | | | | | | | | | | | |
| 通讯情况 | 通信地址： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码： | | | | | | | | | | 手机： | | | | | | | | | | | | | | | | | | | 办公室电话： | | | |
| 住宅电话： | | | | | | | | | | | | | | | | | 电子邮箱： | | | | | | | | | | | | | | | |
| 单位推荐意见：  盖 章  年 月 日 | | | | | | | 主管部门意见：  盖 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | 市主管部门审核意见：  盖 章  年 月 日 | | | |