附件

**培训申请表**

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| 姓名及拼音 | |  | | | 性别 | |  | | | 手机/电话 | | |  | | | *请粘贴*  *2寸证件照片* | |
| 出生日期 | | XX 年XX 月XX 日 | | | | 身份证号 | | |  | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | |
| E-mail | |  | | | | | | 工 作 状 态 | | | □全职；□兼职；□ 退休 | | | | |
| 工作单位 | |  | | | | | | | | | | | | | 职称 |  | |
| 通讯地址 | |  | | | | | | | | | | | | | 邮编 |  | |
| 评价机构 | |  | | | | | | | | | | | | | 聘用  方式 | □专职 □兼职 | |
| 通讯地址 | |  | | | | | | | | | | | | | 邮编 |  | |
| 评价机构联系人 | | | |  | | | | 电话/手机 | | | | |  | | | | |
| **教育/培训经历** | | | | | | | | | | | | | | | | | |
| 时间 | | 院校/培训机构 | | | | | | | | | | 专业/培训内容 | | | | 学历学位/ 证书编号（提供PDF格式扫描件） | |
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| **工作经历** | | | | | | | | | | | | | | | | | |
| 从年/月 | 到年/月 | | 工作单位（名称、地址、证明人、电话） | | | | | | | | | | | 部门及 职务 | | | 主要工作任务  （简述） |
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| **专业工作经历** | | | | |
| 从年/月 | 到年/月 | 工作单位（名称、地址、联系人、电话） | 部门及 职务 | 主要工作任务  （简述） |
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| 评价过的成果领域 | ***（填写：STFE-RA02《科技成果评价领域分类》三级代码）*** |
| 评价过的成果形式 | □基础研究成果；□应用研究成果；□技术开发和产业化成果；□软科学成果  □其他： 。 |
| **个人声明** | |
| 本人声明：申请表中所填写内容及所附材料真实、准确。  申请人签字： 年 月 日 | |
| **工作单位意见** | |
| 申请人为本单位聘用人员。以上填写内容属实，同意申请人参加培训。  单位（公章）：  年 月 日 | |