附件

“棠城工匠”技能大师工作室

申 报 表

申报单位

专家姓名

工作室职业（工种）

填报时间

重庆市荣昌区人力资源和社会保障局

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申报单位名称 | | | | |  | | | | | | | | 单位性质 | | | |  | | | | | | | |
| 负责人 | | | | |  | | | 办公电话 | | | | |  | | | | | 手机 | | |  | | | |
| 联系人 | | | | |  | | | 办公电话 | | | | |  | | | | | 手机 | | |  | | | |
| E-mail | | | | |  | | | 传真 | | | | |  | | | | | | | | | | | |
| 通信地址 | | | | |  | | | | | | | | | 邮政编码 | | | | | |  | | | | |
| 开户银行及资金账号 | | | | |  | | | | | | | | | | | | | | | | | | | |
| 命名专家 | |  | | | | | 性别 | | |  | | | 民族 |  | | | | | 政治面貌 | | | | |  |
| 身份证号 | |  | | | | | 学历（学位） | | | | |  | | 参加工作时间 | | | | | | | |  | | |
| 职业（工种） | | |  | | | | | | | | 技能等级 | | | |  | | | | | | | | | |
| 工作室面积 | | |  | | | | | | | | 工作室地点 | | | | |  | | | | | | | | |
| 命  名  专  家  获  奖  情  况 | 获奖项目及等级/排名 | | | | | | | | 授予单位 | | | | | | | | | | | | | | 年 度 | |
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| 工  作  室  其  他  人  员  情  况 | 姓 名 | | 年龄 | | | 职业资格等级 | | | | | 主要业绩 | | | | | | | | | | | | | |
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| 命名专家主要工作业绩  （300字以内） | | | |  | | | | | | | | | | | | | | | | | | | | |
| 所在单位意见 | | | | (签字盖章)  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 行业主管  部门意见 | | | | (签字盖章)  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 区人力社保局意见 | | | | (签字盖章)  年 月 日 | | | | | | | | | | | | | | | | | | | | |