附件1

东莞市生物医药行业专业技术人才职称评审委员会

评审委员库入库人员推荐表

工作单位（盖章）： 联系人： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 基  本  信  息 | 所属专业类别 | | （请勾选） □药学 □中药学 □制药 □医疗器械  □药品检查（□药品检查、□医疗器械检查、□化妆品检查）  □化妆品安全 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | 性别 | | | |  | | | | | 政治面貌 | | | | | | | | |  | | | | | | |
| 身份证号码 | | |  | | |  |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  | |  |  |  |  |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位所属镇街 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现任行政职务 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | | 粘贴或打印  近期一寸  彩色免冠  证件照 | | | | |
| 联系  电话 | 办公电话 | | |  | | | | | | | | | | | | | | | | | | | | |
| 移动电话 | | |  | | | | | | | | | | | | | | | | | | | | |
| 何时何院校毕业 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 学历（学位） | |  | | | | | | | | | | | | 所学专业 | | | | | | |  | | | | | | | | |
| 何时参加过何专业  技术团体任何职务 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职称 | | 专业 职称 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职称通过时间 | | 年 月 | | | | | | | | | 发证部门 | | | | | | |  | | | | | | | | | | | |
| 主要专业技术工作经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要专业技术业绩成就情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要论文著作情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作单位意见 | （请对被推荐人思想品德、工作能力、科研能力等方面进行综合评价）  年 月 日  负责人签名： （盖章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上级主管部门意见 | 同意推荐。  年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市市场监督管理局意见 | 年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**重要提醒：本表共2页，请用A4纸双面打印。**表格本身的结构、字体、字号请勿改变。如填写内容过多，请选择重点填写。