附件2

|  |  |
| --- | --- |
| **报送单位（盖章：（盖章）：** | |
| **序号** | **姓名** | | **性别** | **年龄** | **身份证号码** | **学历** | **所学**  **专业** | **职 务** | **职称** | **工作单位** | **固话** | **手机** |
| 1 |  | |  |  |  |  |  |  |  |  |  |  |
| 2 |  | |  |  |  |  |  |  |  |  |  |  |
| 3 |  | |  |  |  |  |  |  |  |  |  |  |
| 4 |  | |  |  |  |  |  |  |  |  |  |  |
| 5 |  | |  |  |  |  |  |  |  |  |  |  |
| 6 |  | |  |  |  |  |  |  |  |  |  |  |

**填表人： 联系电话：**