附件2

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| --- |
| **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：**