附件2

|  |
| --- |
|  **XX（单位）** 推荐专家情况汇总表 |
| **推荐单位：（盖章）** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **编号** | **姓名** | **性别** | **年龄** | **学历** | **工作单位** | **从事专业** | **职称** | **办公电话** | **移动电话** | **电子邮箱** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **填表人：** |  |  |  | **联系电话：** |  |  |  |  |  |
|  | **注：此表由申请人所在单位填写。** |  |  |  |  |