附件1

顺义区技能大师工作室

申报表

**申报单位（盖章）**

**工 作 室 名 称**

**填 报 时 间**

**北京市顺义区人力资源和社会保障局 制**

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| 申报单位基本情况 | | | | | | | | | | | | | | | | |
| 单位名称 | |  | | | | | | | | | | | | | | |
| 公共实训基地名称 | |  | | | | | | | | | | | | | | |
| 法人代表 | |  | | | | 办公室电话 | | |  | | 手机号码 | | |  | | |
| 联系人 | |  | | | | 办公室电话 | | |  | | 手机号码 | | |  | | |
| 传真电话 | |  | | | | | | | 电子邮箱 | |  | | | | | |
| 通讯地址 | |  | | | | | | | | | 邮政编码 | | |  | | |
| 单位  基本  情况 | | （包括生产、科研以及公共实训基地教育教学和高技能人才队伍情况） | | | | | | | | | | | | | | |
| 技能大师基本情况 | | | | | | | | | | | | | | | | | |
| 姓名 | | | |  | | | 性别 | | |  | | | 民族 | |  | | |
| 出生年月 | | | |  | | | 政治面貌 | | |  | | | 学历 | |  | | |
| 职业（工种） | | | |  | | | 职业资格/  技能等级 | | |  | | | 职务 | |  | | |
| 参加工作时间 | | | |  | | | 身份证号码 | | |  | | | | | | | |
| 办公室电话 | | | |  | | | 手机号码 | | |  | | | | | | | |
| 工作  简历 | | | |  | | | | | | | | | | | | | |
| 技能特长  和  工作业绩 | | | |  | | | | | | | | | | | | | |
| 市级（区级）  及以上  获奖情况 | | | |  | | | | | | | | | | | | | |
| 工作室成员情况 | | | | | | | | | | | | | | | | | |
| 姓名 | 性别 | | | | 出生日期 | | | 学历 | | 职业  （工种） | | 职业资格  /技能等级 | | | | 主要业绩 | |
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| 所在单位  对工作室  支持措施 | | | |  | | | | | | | | | | | | | |
| 工作室  主要工作方向 | | | |  | | | | | | | | | | | | | |
| 工作室  建设预期目标 | | | |  | | | | | | | | | | | | | |
| 申报  单位  意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | |
| 专家评估  意见 | | | （签字）  年 月 日 | | | | | | | | | | | | | | |
| 区人力资源社会保障局意见 | | | 区人力资源社会保障局（盖章）  年 月 日 | | | | | | | | | | | | | | |