附件１

**重庆市江北区语言文字应用专家推荐表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | | 民族 | |  | | 照片  （请粘贴电子照片） |
| 身份证号码 | |  | | | | | | | |
| 政治面貌 | |  | | 联系电话 | | |  | | |
| 毕业院校/所学专业/  现从事专业 | | | |  | | | | | |
| 最后学历、学位/时间 | |  | | | 电子邮箱 | | | |  | |
| 单位职务、职称/时间 | |  | | | | | | | | |
| 通信地址 | |  | | | | | | | | |
| 个人简历 | |  | | | | | | | | |
| 代表成果 | |  | | | | | | | | |
| 相关社会职务 | |  | | | | | | | | |
| 推荐单位审查意见 | | 盖章 年 月 日 | | | | | | | | |