附件1

**南昌市科技专家信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名﹡ | |  | | | 性 别 | | | □男□女 | | | | | | 身份证号﹡ | | | | |  | | |
| 民 族﹡ | |  | | | 党派﹡ | | |  | | | | | | 单位任职 | | | | |  | | |
| 职 称﹡ | |  | | | | | | | | | | | | 最高学位﹡ | | | | |  | | |
| 学历情况﹡ | 本科毕业时间 | |  | | | | 校(院)名 | | | | | |  | | | | | | 专业 | |  |
| 硕士毕业时间 | |  | | | | 校(院)名 | | | | | |  | | | | | | 专业 | |  |
| 博士毕业时间 | |  | | | | 校(院)名 | | | | | |  | | | | | | 专业 | |  |
| 博士后  工作内容 | |  | | | | | | | | | | | | | 出站  单位 | |  | | | | |
| 工作单位  （盖章）﹡ | |  | | | | | | | 通信地址(邮编)﹡ | | | | | |  | | | | | | |
| 单位性质﹡ | | □高等院校□企业□医疗卫生□科研院所□省直单位□其他 | | | | | | | | | | | | | | | | | | | |
| 办公电话﹡ | |  | | | | 移动电话﹡ | | | | | |  | | | | E-mail﹡ | | | |  | |
| 曾从事过的专业（按照学科代码表填写） | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 专业名称 | | | | | | | | | | | | | | 备注 | | | |
| 1 | | | |  | | | | | | | | | | | | | |  | | | |
| 2 | | | |  | | | | | | | | | | | | | |  | | | |
| 所熟悉的专业技术领域 | | | | | | | | | | | | | | | | | | | | | |
| 一级专业技术领域 | | | | 二级专业技术领域 | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | |  | | | |
|  | | | |  | | | | | | |  | | | | | | |  | | | |
| 联系单位：南昌市科技信息中心  地 址：南昌市中山路98号五楼  邮 编：330003 | | | | | | | | | | 电 话：0791-86211252 86217083  13970802505 13065159480  电子邮件：zzz@ncppc.cn | | | | | | | | | | | |

注：1、﹡形标识内容必须填写；

2、职称为国家人事部门评定获得的技术资格称谓；

3、所熟悉的专业技术领域按照专业领域分类表（附件2）内容选择填写，可选填不超过两个一级专业技术领域，一个一级专业技术领域内不超过三个二级专业技术领域。