青岛市社会公共安全防范协会

专家咨询委员会专家登记表

编号：

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| **基 本 信 息** | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | 性 别 | | |  | | 出 生  年 月 | |  | | | 籍贯 | |  | | | 贴照片处（大一寸） | |
| 学 历 | |  | 学 位 | | |  | | 职 务 | |  | | | 职称 | |  | | |
| 工作单位 | |  | | | | | | | | | | | 政治面貌 | |  | | |
| 单位地址 | |  | | | | | | | | | | | | | | | |
| 身份证号码 | |  | | | | | | | | | 办公电话 | |  | | | | |
| 电子邮件 | |  | | | | | | | | | 手 机 | | | | | |  | | |
| 所学专业 | |  | | | | | | | | | 从事该专业时间 | | | | | |  | | |
| 毕业院校 | |  | | | | | | | | | 参加工作时间 | | | | | |  | | |
| 获得专业资格证书 | | |  | | | | | | | | | | | | | | | | |
| 担任社会职务 | | |  | | | | | | | | | | | | | | | | |
| **熟悉专业及其代表作** | | | | | | | | | | | | | | | | | | | |
| 专业特长 | 熟悉程度 | | | 代表性论文、著作或成果 | | | | | | | | | | 期刊名，出版时间或鉴定验收编号 | | | | | |
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| **工 作 简 历** | | | | | | | | | | | | | | | | | | | |
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| **近五年从事的主要研究项目** | | | | | | | | | | | | | | | | | | | |
| 项 目 名 称 | | | | | | | 项目来源 | | | | | 立项年月 | | | | A 负责人  B 参加者 | | | A 在研  B 完成 |
|  | | | | | | |  | | | | |  | | | |  | | |  |
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| **自 我 评 定** | | | | | | | | | | | | | | | | | | | |
| 申报专家业务方向 | | | | |  | | | | | | | | | | | | | | |
| 重点描述擅长专业技能 | | | | |  | | | | | | | | | | | | | | |
| 所在单位意见：  盖 章  年 月 日 | | | | | | | | | 协会意见：  盖 章  年 月 日 | | | | | | | | | | |

注：填写时，如内容过多可以另附纸；照片请提供近期2寸纸质版照片；相关证书复印件附后。