附件

申 请 表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | | | |  | | **性别** | |  | | | **民族** |  | | **电子照片** | | |
| **出生日期** | | | |  | | **健康状况** | | | |  | | | |
| **学历** | | | |  | | **学位** | | | |  | | | |
| **专业技术职称、职级** | | | |  | | **评聘时间** | | | |  | | | |
| **行政职务、职级** | | | |  | | **任职时间** | | | |  | | | |
| **工作单位（详至部门）** | | | | | |  | | | | | | | | | | |
| **通讯地址** | |  | | | | | | | | | | | **邮政编码** | | |  |
| **手 机** | |  | | | **座 机** |  | | | | | **传 真** | |  | | | |
| **身份证号** | |  | | | | **电子信箱** | | | | | | |  | | | |
| **研究方向** | | **1.** | | | | **2.** | | | | | | | **3.** | | | |
| **研究特长[污染物性质鉴别、地表水和沉积物、环境大气、土壤与地下水、近岸海洋和海岸带、生态系统、环境经济、其他类（主要包括噪声、振动、光、热、电磁辐射、核辐射、环境法等）等8个领域中选]** | | | | | | | | | | | | |  | | | |
| **个人简介（500字以内）** |  | | | | | | | | | | | | | | | |
| **代表性**  **成果** | **序号** | | **成果名称** | | | | | | **成果（论文、著作、研究报告等）名称及出版**  **（发表）时间** | | | | | | **本人贡献** | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
| **项目情况** | **序号** | | **项目名称** | | | | | | **参与的环境损害评估项目或相关研究项目** | | | | | | **本人贡献** | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
| **获奖情况** | **序号** | | **成果名称** | | | | | | **获奖名称及等级** | | | | | | **本人排名** | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | |
| **其他需要说明的事项（从事环境损害鉴定评估工作的经验等）** |  | | | | | | | | | | | | | | | |
| **申请人（签字）：**  **年 月 日** | | | | | | | **所在单位意见（可选）**    **（单位盖章）**  **负责人（签字）**  **年 月 日** | | | | | | | | | |

**注：相关证明材料附后**