**中华技能大奖申报表**

姓 名

工作单位

人力资源社会保障部

2018年制

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | | 性别 | | | | | | |  | | | | | | | 照片 | | | | | | | | |
| 出生日期 | |  | | | | | | 民族 | | | | | | |  | | | | | | |
| 政治面貌 | |  | | | | | | 文化程度 | | | | | | |  | | | | | | |
| 职业（工种）  名称 | |  | | | | | | 职业资格  （技能等级） | | | | | | |  | | | | | | |
| 参加工作时间 | |  | | | | | | 从事本职业  （工种）时间 | | | | | | |  | | | | | | | 邮政编码 | | | | |  | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | |  |  | |  |  |  | |  | |  |  | |  | |  |  |  | |  | | |  |  | |  | |  |  | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 办公电话（座机） | |  | | | | | | | | | | | 手机 | | | |  | | | | | | | | | | | | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否获得全国技术能手 | | | | 是□  否□ | | | | | | 获全国技术能手方式 | | | | | | | | | 评选表彰□  职业技能竞赛□ | | | | | | | | | | | |
| 主要经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 在何单位学习或工作 | | | | | | | | | | | | | | | | | | | | | | | 证明人 | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 项 目 | 内 容 | | | | | | | | | | | | | | | | | | | | 证明人或  证明材料 | | | | | | | |
| 获得国家专利情况 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 荣获省部级或以上科技进步奖情况 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 技术革新情况 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 其他绝招绝技或突出贡献 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 职业技能竞赛获奖情况 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 项 目 | 内 容 | | | | | | | | | | | | | | | | | | | | 证明人或  证明材料 | | | | | | | |
| 曾获得的荣誉称号 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 其他获  奖情况 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 身份证复印件粘贴处 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 正面： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 背面： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 本人所在基层单位意见 | 签字盖章  年 月 日 |
| 本人所在基层单位上级主管单位或所在地地市级人社部门意见 | 签字盖章  年 月 日 |
| 推荐单位意见 | 签字盖章  年 月 日 |
| 评审  意见 | 签字盖章  年 月 日 |