**附件2**

**钦州市中级人民法院法医专家单位推荐表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** | |  | | **民族** |  | |  | |
| **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）** | | | |  | | | | | | | | |
| **被推荐人通讯地址** |  | | | | | | | | | **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** |  | | | | | | | | | | | |
| **个人简介**  **（从业经历、取得成果等情况）**  **（500字以内）** | **推荐单位（盖章）：** | | | | | | | | | | | |
| **其他需要说明的事项** |  | | | | | | | | | | | |
| **（签字）：**  **年 月 日** | | | | | **工作单位意见：**  **（单位盖章）**  **负责人（签字）：**  **年 月 日** | | | | | | | |