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| **被推荐人姓名** |  | **现所在单位** | |  | |
| **擅长专业方向** |  | **主要成果\著作** | |  | |
| **职务职称** |  | **联系地址及电话** | |  | |
| **推荐单位** |  | | | | |
| **推荐理由** |  | | | | |
| **被推荐人简历** |  | | | | |
| **推荐单位意见** |  | | **终审意见** | |  |

**养护联盟专家委员会推荐表**