附件2

重庆市城市信息模型（CIM）专家委员会专家汇总表

填报单位（公章）： 联系人： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 出生年月 | 工作单位 | 学历 | 技术职称 | 现任职务 | 现从事专业 | 从事专业年限 | 申请专业类别 | 专业特长 | 手机号码 | 邮箱 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |