附件3

信息登记编号：\_\_\_\_\_\_\_\_\_\_\_\_

重庆市培育自有工人

企业自主培训考核信息登记表

申请单位:（ 盖 章 ）

联 系 人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

联系人电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填报日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 单位名称 |  | | | | 成立日期 |  |
| 单位性质 | □国营企业□民营企业 | | | | | |
| 办公地址 |  | | | | 邮政编码 |  |
| 办公用房 | □自有□租赁 | 建筑面积 | m2 | 传真电话 | |  |
| 教学用房 | □自有□租赁 | 理论教室 | m2 | 实训场地 | | m2 |
| 法定代表人 |  | 办公电话 |  | | 手机号 |  |
| 具体负责人 |  | 办公电话 |  | | 手机号 |  |
| 单位网址 |  | | 电子邮箱 | |  | |
| 单位情况及自有工人培育情况简介（可另附页） | | | | | | |
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| 申请自主培训的工种及相应的实操场地设施情况 | | | | | |
| 序号 | 工种名称 | 自建/现场 | 配备场地面积  （ m2 ） | 配备相应设施设备情况 | 实训工位数 |
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专（兼）职管理人员名单

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| 序  号 | 姓名 | 性  别 | 身份证号 | 学历 | 毕业院校 | 专业 | 职务 | 职称（职业资格/技能等级） | 联系电话(手机) |
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专（兼）职理论教学教师名单

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| 序  号 | 姓名 | 性  别 | 身份证号 | 学历 | 毕业院校 | 专业 | 职称（职业资格/技能等级） | 任教科目 | 联系电话(手机) | 专/兼职 |
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注：理论教师应具备所授课程相应专业中级及以上职称。

专（兼）职实训教学教师名单

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| 序  号 | 姓名 | 性  别 | 身份证号 | 学历 | 毕业院校 | 专业 | 职称（职业资格/  技能等级） | 任教科目 | 联系电话(手机) | 专/兼职 |
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注：实操教师应具备所授课程相应专业中级及以上职称或相应工种高级工及以上技能等级。

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| 信息登记承诺 |
| 现承诺本单位所提交的信息登记相关资料、证件及附件均真实、合法、有效，否则愿承担由此产生的一切法律后果。  法定代表人（签名）：  （公章）  年 月 日 |