附件9

专业技术人员主要业绩材料核查联签表

**用人单位（公章）： 县（市、区）人社部门或市直主管部门（公章）：**

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| **姓名** |  | | | | **身份证号** | |  | | **工作单位** | | |  | | | | | | **评审依据学历** | |  | | | |
| **现专业技术职称及取得时间** | | | |  | | | | **申报专业技术职称** | |  | | | | | **申报专业** | |  | | | **申报方式** | | |  |
| 近5年年度考核结果 | | | | | | | | | | | | | | | | | | | | | | | |
| 2019 | | |  | | | 2020 | |  | 2021 | | | |  | 2022 | | | |  | | 2023 | |  | |
| **代表性成果情况** | | | | | | | | | | | | | | | | | | | | | | | |
| **类别** | | **取得时间** | | | **成果名称** | | | | | | **等级** | | | **位次** | | **批准机关** | | | **批准文号** | | **审查人（签字）** | | |
| **获奖** | |  | | |  | | | | | |  | | |  | |  | | |  | |  | | |
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| **类别** | | **取得时间** | | | **成果名称** | | | | | | **等级** | | | **位次** | | **批准机关** | | | **批准文号** | | **审查人（签字）** | | |
| **课题** | |  | | |  | | | | | |  | | |  | |  | | |  | |  | | |
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| **类别** | **取得时间** | **成果名称** | **专利类别** | **位次** | **批准机关** | **申请号** | | **审查人（签字）** |
| **专利** |  |  |  |  |  |  | |  |
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| **类别** | **取得时间** | **成果名称** | **报刊或出版社** | **位次** | **期刊主管或主办部门** | **查询网址** | **审查人（签字）** | |
| **论文**  **著作** |  |  |  |  |  |  |  | |
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| **类别** | **取得时间** | **成果名称** | **等级** | **位次** | **批示或证明** | **查询网址或批准文号** | **审查人（签字）** | |
| **其他** |  |  |  |  |  |  |  | |
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| **县（市、区）人社部门或市直主管部门审核人签名：** | | | | | | | | |

**说明：1.用人单位负责审查申报材料的合法性、真实性、完整性和有效性，单位审查人要对申报人提供的材料逐项审核签字。**

**2.县（市、区）人社部门或市直主管部门要对用人单位呈报的申报材料进行核查、复审，并确认签字。**

**3.专利申请号需经网上查询后，方可得知**