江西省植物营养与肥料学会第二届副理事长候选人登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | |  | 出生年月 | |  | | |
| 党派 |  | | | | | 民族 | |  | 技术职称 | |  | | |
| 籍贯 |  | | | | | 专业 | | |  | | | | |
| 职务 |  | | | | | 学历/学位 | | |  | | | | |
| 单位名称 | | | | |  | | | | | | | | |
| 单位地址 | | | | |  | | | | | | | | |
| 邮编 | |  | | | | | 传真 | |  | | | 电话 |  |
| 手机 | |  | | | | | | | E-mail |  | | | |
| 担任其他学术团体职务的情况 | | | | | | | | |  | | | | |
| 本 人 简 历 | | | | | | | | | | | | | |
| 何年何月 | | | | 在何地区何单位 | | | | | | | 任何职 | | |
|  | | | |  | | | | | | |  | | |
| 本人确认签字 | | | | | | | |  | | | | | |
| 单位领导意见：  （盖单位公章）  年 月 日 | | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | |

（江西省植物营养与肥料学会制）