**司法鉴定人准入（扩项）考核报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | |  | | | 鉴定机构（拟申请机构） | | | |  |
| 类别划🗸） | 法医精神病类 | | | | | 文书类 | 痕迹类 | | | | 计算机类 | | 声像资料类 | |
| 联系电话 | | |  | | | | | 身份证号码 | | | |  | | |
| 毕业院校 | | |  | | | | | 毕业专业 | | | |  | | |
| 学历 | | |  | | | | | 毕业时间 | | | |  | | |
| 户籍地址 | | |  | | | | | | | | | | | |
| 个人简历（从大学开始） | | | | | | | | | | | | | | |
| 年月 | | | | 工作单位 | | | | | 工作岗位 | | | | | 证明人及联系方式 |
|  | | | |  | | | | |  | | | | |  |
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机构负责人（签名、盖章）：

日期