**编号：A008**

社会团体监事基本情况表

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| **社会团体名称** | |  | | | | | | | | **统一社会信用代码** | | | | |  | | |
| **姓 名** |  | | | **社团职务** | | |  | | | | **任职时间** | | | |  | | |
| **曾用名** |  | | | **政治面貌** | | |  | | | | **性别** | |  | | **民族** | |  |
| **出生年月** |  | | | **身份证号** | | |  | | | | | | | | | | |
| **家庭住址** |  | | | | | | | | | | | **户口所在地** | | | |  | |
| **邮政编码** |  | | | | | **联系电话** | |  | | | | **专职**  **兼职** | | | |  | |
| **是否为现职**  **领导干部** | | | | | | **□否**  **□是 （□省部级□厅局级□县处级□乡科级）** | | | | | | | | | | | |
| **是否为退（离）休领导干部** | | | | | | **□否**  **□是 （□省部级□厅局级□县处级□乡科级）** | | | | | | | | | | | |
| **是否为军队人员** | | | | | | **□否**  **□是 （□现役军人 □文职人员□军队管理的离退休人员）** | | | | | | | | | | | |
| **是否为退役军人** | | | | | | **□否**  **□是 （□移交政府安置的退（离）休干部/退休士官□军队转业干部□复员干部□退役士兵和自主择业退役军人）** | | | | | | | | | | | |
| **工作单位及职务** | | | | | |  | | | | | | | | | | | |
| **其他社会职务** | | | | | |  | | | | | | | | | | | |
| **本 人 简 历** | | | | | | | | | | | | | | | | | |
| **自何年月至何年月** | | | | | **在何地区何单位** | | | | | | | | | | | **职务** | |
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| **社会团体意见** | | | **本人所在单位**  **人事部门意见** | | | | | | **业务主管单位**  **审查意见** | | | | | **登记管理机关**  **备案意见** | | | |
| **（印章）**  **经办人：**  **年 月 日** | | | **（印章）**  **经办人：**  **年 月 日** | | | | | | **（印章）**  **经办人：**  **年 月 日**  （注：此栏目仅适用双重管理的社会团体） | | | | | **（印章）**  **经办人：**  **年 月 日** | | | |
| **领取人签名： 年 月 日** | | | | | | | | | | | | | | | | | |

**注：1、“本人简历”至少填写三栏； 2、请将本人身份证正反面复印件粘贴在背面。**

**（请将本人身份证正反面复印件粘贴在此处）**

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| **（请正反面打印本表）** |