

**吉林省享受省部级以上表彰奖励**

**获得者待遇人员登记表**

**姓 名：XXX**

**工作单位：XX市XX医院**

**报送单位：XX市人社局**

**表彰层级：国家级表彰奖励**

**填报日期： 2021年XX月XX日**

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| **一、个人及工作单位基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | | XXX | | | | | | | | | | **性 别** | | | | | | 女 | | **民族** | | | | | 蒙古族 | | | | **近期本人正面照片（二寸或小二寸）** | | | | |
| **出生日期** | | | 1962.11.01 | | | | | | | | | | **籍 贯** | | | | | | 吉林省XX市 | | | | | | | | | | |
| **政治面貌** | | | 民盟盟员 | | | | **最高**  **学历** | | | | | | 研究生 | | | | | | **学 位** | | | | 硕士 | | | | | | |
| **身份证号** | | | XXXXXXXXXXXXXXXXXX | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **常住地址** | | | XX市XX区XX街道 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人电话号码** | | | 135XXXXXXXX | | | | | | | | | | | | | **紧急情况联系人姓名及电话** | | | | | | | | | | | XXX，186XXXXXXXX | | | | | | | |
| **现（原）工作**  **单位全称** | | | | | XX市XX医院 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作单位统一社会信用代码** | | | | | | | | | | | | | | | | | XXXXXXXXXXXXXXXXXX | | | | | | | | | | | | | | | | | |
| **工作单位性质** | | | | | 事业单位 | | | | | | | | | | | | **工 作 类 型** | | | | | | | | | | 事业单位人员、一线专业技术人员 | | | | | | | |
| **单位所属层级** | | | | | XX市市属单位 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **具体工作部门及职务（职级）** | | | | | | | | | | | | | | | XX科，副主任 | | | | | | | | | | | | | | | | | | | |
| **从事主要工作** | | | | | 临床医疗 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **有何专长** | | | | | 呼吸与危重症处理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **专业技术**  **资格名称** | | | | | 副主任医师 | | | | | | | | | | | | | | | | | **专技资格等级** | | | | | | | | | 副高级 | | | |
| **职业资格名称** | | | | | 无 | | | | | | | | | | | | | | | | | **职业资格等级** | | | | | | | | | 无 | | | |
| **机关、国有企事业单位管理人员行政级别** | | | | | | | | | | | | | | | | | | | | | | 无 | | | | | | | | | | | | |
| **工作单位上级主管（行业管理）**  **部门或原业务主管单位全称** | | | | | | | | | | | | | | | | | XX市卫生健康委员会 | | | | | | | | | | | | | | | | | |
| **工作单位（基层组织）联系人姓名及电话** | | | | | | | | | | | | | | | | | | | | | | XXX，155XXXXXXXX | | | | | | | | | | | | |
| **二、配偶及共同生活的子女信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **姓名** | | | | **出生时间** | | | | | | **工作（学习）单位名称** | | | | | | | | | | | | | | | | | | **职务职级** | | | | |
| **配偶** | | XXX | | | | 1964.09.12 | | | | | | 吉林省XX中心 | | | | | | | | | | | | | | | | | | 办公室主任 | | | | |
| **子女1** | | XXX | | | | 1987.08.05 | | | | | | 吉林省XX公司XX部 | | | | | | | | | | | | | | | | | | 职员 | | | | |
| **子女2** | |  | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |
| **子女3** | |  | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |
| **三、所获享受待遇的省部级以上表彰奖励情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **获奖**  **年份** | | | **奖项颁发机构** | | | | | | | | | | **获得表彰**  **称号名称** | | | | | | | | | **表彰层级** | | | | | | | | | **表彰文件明确享受何种待遇** | | |
| **1** | 2019 | | | 中共吉林省委  吉林省人民政府 | | | | | | | | | | 省劳动模范 | | | | | | | | | 省部级表彰奖励 | | | | | | | | | 省劳动模范待遇 | | |
| **2** | 2021 | | | 中共中央、国务院、中央军委 | | | | | | | | | | 全国抗击新冠肺炎疫情先进个人 | | | | | | | | | 国家级表彰奖励 | | | | | | | | | 国家级表彰奖励获得者待遇 | | |
| **3** |  | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | |
| **4** |  | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | |
| **5** |  | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | |
| **是否有表彰奖励证书并附后** | | | | 是 | | | | **是否有表彰奖励审批表或档案记载、表彰决定等证明材料并附后** | | | | | | | | | | | | | | | 是 | | | | | **个人简介及**  **先进事迹**  **是否附后** | | | | | 是 | |
| **四、个人其他相关情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **参加养老**  **保险情况** | | | | | 机关事业单位养老保险 | | | | | | | | | | | | | | | | | | | | | | **退（离）休时间** | | | | | 2022.10.30 | | |
| **是否生活困难** | | | | | 否 | | | | **何种困难**  **类型（序号）** | | | | | | | | | | |  | | | | **得到各级工会**  **困难帮扶次数** | | | | | | | |  | | |
| **生活困难**  **情况说明** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **人才级别**  **认定情况** | | | | | C类 | | | | | **担任院士情况** | | | | | | | 无 | | | | | | | | | | **是否持有**  **“吉享卡”** | | | | | | | 是 |
| **担任党代表、人大代表或政协委员情况** | | | | | XX市XX区政协委员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **在工会、共青团、妇联组织任职或兼职情况** | | | | | 无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **需要补充**  **说明事宜** | | | | | 无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **五、本 人 承 诺** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人提供以上信息真实准确，在工作和生活中能够注重严格要求自己，积极发挥模范带头作用，无违法违纪行为。本人将始终珍惜和保持荣誉，为全面建设社会主义现代化国家不懈努力。**  **本人签字： 时间： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **工作单位（基层组织）、上级主管（行业管理）部门**   **（或原业务主管单位）及表彰奖励主管部门填写信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **获得表彰奖励后的现实表现（工作单位或基层组织填写）** | | | | | | 该同志自获得奖励以来，能够认真履行工作职责，深化争先创优，推动工作创新，重视党风廉政建设。能够从严要求自己，XXXXXXXXXXXXXXXXXXXXX，积极发挥模范带头作用。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **是否有违法违纪、正在接受执法执纪部门审查调查或列入违法失信联合惩戒“黑名单”情况（由工作单位或基层组织按日常掌握或核实了解的情况填写，有此类情况的要简要说明情况）** | | | | | | | | | | | | | | | | | | | | | | | | | 无 | | | | | | | | | |
| **工作单位**  **（或基层组织）**  **审核意见** | | | | | | 负责人签字：  （公章）  时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作单位**  **上级主管（行业管理）部门（或原业务主管单位）审核意见** | | | | | | 负责人签字：  （公章）  时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **县级表彰奖励主管部门**  **（组织、人社）及工会等部门**  **审核意见** | | | | | | 负责人签字：  （公章）  时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **市级表彰奖励主管部门**  **（组织、人社）及工会等部门**  **审核意见** | | | | | | 负责人签字：  （公章）  时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **省级表彰奖励主管部门**  **（组织、人社）及工会等部门**  **审核备案意见** | | | | | | 负责人签字：  （公章）  时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **七、负责报送此表的工作人员信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | **姓 名** | | | | | | | **职 务** | | | | | | | | | | | **电 话** | | | | | |
| **工作单位**  **（基层组织）** | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |
| **上级主管（行业管理）**  **部门或原业务主管单位** | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |

附件：1. XXXXX获奖证书复印件（加盖单位公章）及原件的高清照片

电子版

1. XXXXX奖励审批表（或档案记载证明、表彰决定等其他相关

证明材料）复印件（每页加盖单位公章）及原件的高清照

片电子版

1. 个人简介及先进事迹（WORD文档电子版，2000字以内）
2. 此登记表WORD文档电子版