附件

厦门市技术转移机构确认申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 技术转移机构名称  （以营业执照为准，并加盖公章） | | | | | | | |  | | | | | | | | |
| 注册地址 | | | |  | | | | | | | | | | | | |
| 实际办公地址 | | | |  | | | | | | | | | 面积 | |  | |
| 技术转移机构  注册时间 | | | |  | | | 注册资金 | | |  | | | 统一信  用代码 | |  | |
| 电话 | | | |  | | | 传真 | | |  | | | 邮编 | |  | |
| 负责人 | | | |  | | | 身份证号 | | |  | | | 手机 | |  | |
| 联系人 | | | |  | | | 身份证号 | | |  | | | 手机 | |  | |
| 技术转移机构  依托高校院所  （不超过5家） | | | | |  | | | | | | | | | | | |
| 专职人员数量 | |  | | | 从事技术转移  工作人员数量 | | | | | |  | 技术转移工作人员数量占  专职人员数量比例 | | | | xx.xx% |
| **专职**  **人员** | **姓名** | | **性别** | | **年龄** | **学历**  **专业** | | | **职称/**  **职务** | | **社保缴交起止日期** | **个税缴交起止日期** | | **是否从事技术转移工作** | | **手机** |
| 范例 | 陈小小 | | 女 | | 29 | 本科  工商管理 | | | 中级/  人事 | | 2025.02.01-  2025.02.28 | 2025.02.01-  2025.02.28 | | 是/否 | | 136xxxxxxxx |
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| 6 |  | |  | |  |  | | |  | |  |  | |  | |  |
| 技术转移机构经营范围 | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 开展技术转移工作的基本情况和取得的主要成效 | | | | | | | | | | | | | | | | |
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