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| **填表 说明** | | **此表全部信息必须准确，填写完毕后，请将文件名存成以下格式，如：中科院\*\*所张三等\*人护照申请材料，保存完毕后请将此表和身份证、户口本扫描件发送至：hzqz@cashq.ac.cn** | | | | | | | | | | | | | | | | | | | |
| **因公护照申请团组表** | | | | | | | | | | | | | | | | | | | | | |
| **批件号** | | 科际批字[201 ] 号 | | | | **办照领队 姓 名** |  | | | **出访目的**  **（科学技术或会议）** | | |  | **出访国家** |  | | **出访日期** |  | | **停留天数** |  |
| **双跨团组批件号** | | 际确字 [201 ] 号 | | | | **组团单位**  **批件号** | | | |  | | | **团组单位名称** | |  | | **组团单位总人数** | | |  | |
| **团组人员信息** | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **姓** | | **名** | **姓名拼音** | **身份证号码 （请仔细核实，如不准确，直接影响护照信息）** | | | **性别** | **民族** | | **出生地 (必须跟户口本一致)** | **工作单位及职务** | | | | **照片编码**  **（请仔细核实，如不准确，直接影响护照信息）** | | | **护照持有情况**  **（无、准持或需注销，请标明护照号）** | | |
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| **填表 示例** | | **请参考如下示例填写，一般性团组填写“批件号”方格；双跨团组填写“双跨团组批件号-际确字”及“组团单位批件号”方格；出访日期，停留天数请按照批件如实填写；批件上的出生地必须与户口本一致，工作单位及职务请按照批件如实填写；照片编号请准确填写并仔细核对；若护照需注销，则需将旧护照一同邮寄给院国际合作局。** | | | | | | | | | | | | | | | | | | | |
| **因公护照申请团组表** | | | | | | | | | | | | | | | | | | | | | |
| **批件号** | | 科际批字[2020 ] 007 号 | | | | **办照领队 姓 名** | 张三 | | | **出访目的**  **（科学技术或会议）** | | | 参加XXX国际会议并顺访XX大学 | **出访国家** | 德国 | | **出访日期** | 20200202 | | **停留天数** | 6天 |
| **双跨团组批件号** | | 际确字 [201 ] 号 | | | | **组团单位**  **批件号** | | | |  | | | **团组单位名称** | | 中科院长春光机所 | | **组团单位总人数** | | | 2人 | |
| **团组人员信息** | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **姓** | | **名** | **姓名拼音** | **身份证号码 （请仔细核实，如不准确，直接影响护照信息）** | | | **性别** | **民族** | | **出生地 (必须跟户口本一致)** | **工作单位及职务** | | | | **照片编码**  **（请仔细核实，如不准确，直接影响护照信息）** | | | **护照持有情况**  **（无、准持或需注销，请标明护照号）** | | |
| 1 | 张 | | 三 | ZHANG SAN | 220101198201111111 | | | 男 | 汉 | | 吉林省 | 中国科学院长春光学精密机械与物理研究所、副研究员 | | | | **在指定地点照相后的照片编号（必须准确无误）** | | | 无 | | |
| 2 | 李 | | 四 | LI SI | 220202198311111111 | | | 女 | 汉 | | 江苏省南京市 | 中国科学院长春光学精密机械与物理研究所、副研究员 | | | |  | | | 需注销P0123456 | | |
| 3 |  | |  |  |  | | |  |  | |  |  | | | |  | | | **注意：【若护照需注销则要将旧护照邮寄给院国际合作局】** | | |
| 4 |  | |  |  |  | | |  |  | |  |  | | | |  | | |  | | |
| 5 |  | |  |  |  | | |  |  | |  |  | | | |  | | |  | | |
|  |  | |  |  |  | | |  |  | |  |  | | | |  | | |  | | |