**附件一：**

省属所实习人员申请律师执业面试考核报名申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 | | | |  | | | 民族 |  | | | 出生年月 | | |  | |  | | |
| 政治面貌 | | |  | | | 学历及专业 | | | | | |  | | | 毕业院校 | | |  | | | |
| 学历证书编号 | | | | | |  | | | | | | | | | | | | | | | |
| 法律职业资格（律师资格）号码 | | | | | | | | | | |  | | | | | | | | | | |
| 档案存放地 | | | | | | |  | | | | | | | | | 存 档 号 | | | |  | |
| 户籍所在地 | | | | | | |  | | | | | | | | | 身份证号 | | | |  | | | | |
| 现居住地 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 联系电话 | | | | 固定电话 | | | | |  | | | | | | | | | | 实习  证号 |  | | | | |
| 手机 | | | | |  | | | | | | | | | |
| 指导律师姓名 | | | | |  | | | | | 执业证号 | | | |  | | | | | | | 执业年限 | | |  |
| 实习所在律师事务所 | | | | | | | |  | | | | | | | | | | | | 电话 | | |  | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 申请  理由 | 申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 指  导  老  师  意  见 | 签章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 实习律师所意见 | 签章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 考核委员会意见 | 签章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 省律协意见 | 签章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |