|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 职务 | 姓名 | 执业或职业资格 | | | | |
| 证书名称 | 证书编号 | 证书专业 | 缴纳社保 | 备注 |
| 1 | {职务} | {姓名} | {证书名称} | {证书编号} | {证书专业} | {缴纳社保} |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**项目管理机构人员表**

供应商名称(加盖公章）：

日期：