附件1：

**征集报名表**

（若为联合体单位，需在同张表上填写）

|  |  |  |
| --- | --- | --- |
| **报名机构** | 机构名称 |  |
| 商业登记/营业执照 |  | 注册编号  |  |
| 注册时间 |  | 注册地址 |  |
| 法定代表人 |  |
| 项目联系人 |  | 手机  |  |
| 邮箱地址 |  | 传真 |  |
| **报名机构2（如有）** | 机构名称 |  | 国别 |  |
| 商业登记/营业执照 |  | 注册编号 |  |
| 注册时间 |  | 注册地址 |  |
| 法定代表人 |  |
| 项目联系人 |  | 手机  |  |
| 邮箱地址 |  | 传真 |  |
| **机构简介****(限500字内)** |  |
| **机构2简介****(限500字内)****（如有）** |  |
| **主创建筑师** | 姓名 |  | 在本项目中承担的职位 |  |
| 年龄 |  | 职称/执业资格 |  |
| 职务 |  | 从业年限 |  | （照片） |
| 毕业院校 |  | 专业 |  |
| 学历 |  | 联系方式 |  |
| 常住中国证明（外籍需提供） |  |
| **主要参与人员**  | 姓名 | 性别 | 年龄 | 职称/执业资格 | 在本项目中担任的职务  | 备注  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **主创建筑师同类项目经验** | 同类型规划设计项目业绩详细资料应单独整理成章（不超过3-5个），此处仅列举项目名称。 |
| **资质证书** | 相关资质证书单独整理成章 |
| 我方保证提交所有报名资料的真实性，否则即使入围或中选自始无效，并确认参加《华中科技大学同济医学院附属协和医院重庆医院建设项目概念性建筑方案设计国际征集》活动。法人代表人或委托代理人（签字或盖章）：报名机构（联合体）（加盖公章）： |

Annex 1

**Application Form**

 (Various agencies in a consortium shall fill in the same form)

|  |  |  |
| --- | --- | --- |
| **Applicant**  | Name  |  |
| Business registration/business license |  |  Registration number  |  |
| Registration time |  | Registration location |  |
| Legal Representative |  |
| Project Contact |  | Mobile  |  |
| Email address |  | Fax Number |  |
| **Applicant 2 (in case)** | Name |  |  |  |
| Business registration/business license |  | Registration number |  |
| Registration time |  | Registration location |  |
| Legal Representative |  |
| Project Contact |  | Mobile  |  |
| Email address |  | Fax Number |  |
| **Brief Introduction** **(less than 500 words)** |  |
| **Brief Introduction** **(less than 500 words)****(If there be)** |  |
| **Chief Architect** | Name |  | Position in the Project |  |
| Age |  | Professional Title/Practicing Qualification |  |
| Job |  | Entire Period of Actual Operation |  | （photo） |
| Grad School |  | Major |  |
| Educational Background |  | Contact |  |
| Certificate of Permanent Residence of Aliens (for overseas applicants) |  |
| **Major Participants**  | Name  | Gender | Age | Professional Title/Practicing Qualification | Position in the Project  | Note  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Experience of Chief Architect in Similar Projects** | Detailed information on the performance of planning and design projects of the same type shall be separately organized and provided (3-5). |
| **Qualification Certificate** | Relevant qualification certificates are separately organized and provided |
| We guarantee the authenticity of all the registration materials or we shall be disqualified even be shortlisted or win the bid. We confirmed to participate in the "Solicitation of International Plans for the Conceptual Architectural Design of Chongqing Hospital of Union Hospital Affiliated to Tongji Medical College of Huazhong University of Science and Technology".Legal representative or entrusted agent (signature or stamp):Name of agency(consortium)(with official seal): |