附件1：

**投标报名申请表**

项目名称：

项目编号：

|  |
| --- |
| 投标单位全称（公章）： |
| 现委托             （被授权人的姓名）参与常州中瑞工程造价咨询有限公司该项目的投标报名工作。项目招投标过程中答疑补充等相关文件都须投标单位在相关网站上下载，本单位会及时关注相关网站，以防遗漏，并承诺不以此为理由提出质疑。    法人代表人（签字或盖章）： |
| 被授权人姓名：                    联系电话： |
| 身份证号码： |
| 被授权人签字： |
| 网上报名时间：       年  月  日 |

**\*注：投标人应完整填写表格，并对内容的真实性和有效性负全部责任。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2：  **疫情期间参与政府采购活动开评标人员健康信息登记表**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | 身份证号码 | | |  | | | 单位名称 |  | | | | | | | 单位地址 |  | | | | | | | 个人住址 |  | | | | | | | 单位电话 |  | | | 个人手机 | |  | | 人员身份 | □采购人代表  □投标人代表  □评标专家 | | | | | | | 参加： □ 开标 □ 评标 | | | | | | | | 项目名称 |  | | | | | | | **个人健康情况** | | | | | | | | 有无发热、乏力、干咳、气促情况 □有 □无 | | | | | | | | 近14天内是否来自（或途径）疫情重点地区和高风险地区？  □否     □是 ，到达时间为： | | | | | | | | 近14天内是否离开过常州？ □否   □是 | | | | | | | | 离开常州往 |  | | 返常日期 | | |  | | 途径（换乘） |  | | 途径日期 | | |  | | 近14天内是否有与来自疫情重点地区和高风险地区的人员接触情况？  □否 □是 ，接触时间为： | | | | | | | | 本人承诺以上信息真实准确。如有不实，愿承担由此引起的一切后果及法律责任。  申报人（签名）：  单位（公章）  日期： | | | | | | | |  |  |  |  |  |  |  |   **存在瞒报或审查不严的企业，一经发现将严肃处理，在诚信体系中予以记录，并报有关部门依法追究责任。** |
|  |