**附件一：**

**第二十四届浙江省优秀企业家申报表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | 性 别 | | | | | 年 龄 | | | | | | | 籍 贯 | | | | | | 民 族 | | | | | | 政治面貌 | | |
|  | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | |
| 现任职务 | | | | 何时任职 | | | | | | 学 历 | | | | | | 职 称 | | | | | | | | 手机号码 | | | | |
|  | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| 所在企业名称 | | | | | | | | 详细通讯地址及邮编 | | | | | | | | | | | 所属行业（企业主营业务） | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| 联系人 | | | | | 联系人职务 | | | | | | 手机号码 | | | | | | 邮箱或QQ | | | | | | | | 企业性质 | | | |
|  | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | |
| 指标数据 | | | | | | | | | 2020年 | | | 2021年 | | | | | | 2022年 | | | | | 2023年 | | | | | 2024年 |
| 总资产（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 营业收入（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 利润总额（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 净资产（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 上缴税金总额（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 职工人数（人） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 在岗职工年平均工资 | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 管理费用（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 负债（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 海外营业收入（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 海外资产（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 海外员工人数（人） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 研发费用（万元） | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 主要产品市场占有率 | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 行业排名 | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | | |  |
| 2024年员工参加社会保险情况 | | | 保险名称 | | | | | | | | | | | | 应保人数 | | | | | | 实保人数 | | | | | | 参保率 | |
| 医疗保险 | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| 养老保险 | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| 工伤保险 | | | | | | | | | | | |  | | | | | |  | | | | | |  | |
| 近三年来有无重大劳动争议、环保、安全生产事故 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报指标属实。  企业财务部门盖章：（公章） | | | | | | | | | | | | | 企业负责人签字：  申报企业（公章）  年 月 日 | | | | | | | | | | | | | | | |
| 个人简历 | 自何年何月至何年何月在何单位任何种职务（一般至学徒或初中毕业填起，不得断档） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报人事迹简介 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 推荐单位 | | | | | |  | | | | | | | 联系人 | | | | | | | | |  | | | | | | |
| 联系人职务 | | | | | |  | | | | | | | 手机号码 | | | | | | | | |  | | | | | | |
| 推荐单位意见：请简要说明确定推荐申报人有关程序  （推荐单位盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |