六西格玛资深黑带（MBB）认证申请表

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| 工作单位 |  | | | | | | | | | | | | | | |
| 姓 名 |  | | | | 性别 | |  | | | | 年龄 |  | | 民族 |  |
| 部 门 |  | | | | | | 职务 | | | |  | | | | |
| 通信地址 |  | | | | | | | | | | | 邮编 | |  | |
| 电 话 |  | | | | | 传真 | | | |  | | 手机 | |  | |
| 电子信箱 |  | | | | | | | | | | | | | | |
| MBB培 训 经 历（个人参加） | | | | | | | | | | | | | | | |
| 起止日期 | 项目名称 | | | 项目性质（黑带/绿带） | | | | | 项目结果（收益表彰等） | | | | 证明材料（可附件） | | |
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| 授 课 经 历 | | | | | | | | | | | | | | | |
| 起止日期 | 课程题目 | | | 时间（小时） | | | | | 参加人数 | | | | 证明材料（可附件） | | |
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| 项 目 辅 导 经 历 | | | | | | | | | | | | | | | |
| 起止日期 | | | 项目名称 | | | | | 项目结果（收益、表彰等） | | | | | 证明材料（可附件） | | |
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| 推 荐 信 | | | | | | | | | | | | | | | |
| 被推荐人 | |  | | | | | | | | | | | | | |
| 推荐人 | | 受聘企业\专业机构\专家委员(盖章或签字) | | | | | | | | | | | | | |
| 受聘企业六西格玛工作（包括六西格玛人才保有情况）的介绍（500字以内 可另附附页） | | | | | | | | | | | | | | | |
| 被推荐人从事六西格玛工作的表现（200字以内 可另附附页） | | | | | | | | | | | | | | | |

注：请于7月20前将申请表发送至传真：010-68417299电子邮箱：lihg@caq.org.cn