厦门市“平台制”科技特派员推荐汇总表

教学单位（盖章）:

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| **序号** | **姓名** | **性别** | **出生****年月** | **政治****面貌** | **学历** | **职称（职务）** | **毕业院校** | **技术专长** | **联系方式****（手机号）** | **邮箱** |
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**经办人签名： 学术主管签名： 填报时间：**