附件2

XX（单位）推荐专家情况汇总表

推荐单位∶（盖章）

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| 编号 | 姓名 | 性别 | 年龄 | 学历 | 工作单位 | 从事专业 | 职称 | 办公电话 | 移动电话 | 电子邮箱 |
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填表人∶ 联系电话∶

注∶此表由申请人所在单位填写。