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| 附件：  省高新技术企业专家库推荐入库专家汇总表  报送单位（盖章） 填表日期： | | | | | | | | | | |  |  |
| 序  号 | 姓名 | 性别 | 出生  日期 | 工作单位全称 | 职务 | 职称 | 擅长的技术领域（按二级领域填写，  最多可填三个技术领域） | | | 电子信箱 | | 联系方式 |
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