附件1

科技特派员推荐汇总表

申报单位： （盖章）

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| **序号** | **姓 名** | **专业领域及主要研究方向** | **职称、职务** | **工作年限（年）** | **意向派驻乡镇** | **是否有基层工作经历** | **是否服从调剂** |
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备注：单位联络员姓名： ；联系方式：