**附件4**

**专家推荐汇总表**

填表单位（盖章 ）： 填表人： 联系电话： 填表时间：

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| 序号 | 姓名 | 性别 | 出生年月 | 政治面貌 | 学历 | 技术职称 | 部门职务 | 从事相关工作年限 | 专业特长 | 联系方式 |
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