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| 附件2  重庆市创新教育教学项目评审专家库人选推荐汇总表 | | | | | | | | | | | | |
| 推荐单位（盖章）： 联系人： 电话： 填表时间： | | | | | | | | | | | | |
| 姓 名 | 性别 | 出生年月 | 学历/学位 | 工作单位 | 职称/职务 | 工作岗位 | 学段 | 学科 | 研究专长 | 手机 | 电子邮箱 | 备注 |
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