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| 附件2 | | | | | | | | | | | | |
| “天池英才”引进计划高校特聘教授人选汇总表 | | | | | | | | | | | | |
| 填报单位（盖章）： 填报人： 联系电话： 填表日期： | | | | | | | | | | | | |
| 序号 | 姓名 | 单位及职务 | 国籍 | 性别 | 族别 | 出生年月 | 学历 | 学位 | 专业技术职务 | 应聘学科 | | 备注 |
| 二级学科 | 一级学科 |
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| 备注：1.出生年月：例1980.01；  2.备注栏限填海外引进、省外引进；  3.此表同时提交电子版。 | | | | | | | | | | | | |