附件5

宁波市企业专家工作站遴选申报情况汇总表

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| **推荐地区或部门(盖章): 日期: 年 月 日** | | | | | | | | | | | | | |
| **序号** | **企业名称** | **法人代表** | **建站年月** | **报备时间** | **建站企业基本情况** | **企业联系人** | **座机电话** | **移动电话** | **领衔受聘专家** | **工作单位** | **技术职称** | **从事专业** | **专家工作站工作成效** |
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| **联系人： 联系电话： 注：请各地各单位务必按规定格式和要求认真填写本表，以免影响评审。** | | | | | | | | | | | | | |