附件 2

# 湖南省高校科学研究项目咨询评审专家推荐汇总表

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| 序号 | 姓 名 | 年龄 | 性别 | 职 称 | 学 位 | 学 科 | 研究方向 | 移动电话 | 电子邮箱 |
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**单位（盖章）：**