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| 附件3 | | | | | | | |
| **2017年基层研究课题登记表** | | | | | | | |
| **报送单位（盖章）： 联系人： 电话：** | | | | | | | |
| 序号 | 课题名称 | 申请人 | 申请人所在单位及职务 | 通讯地址 | 邮编 | 电子邮箱 | 电话（固定电话和手机） |
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