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| 附件3：2024年度北京市科技新星计划申报汇总表  单位名称（盖章）： 填表人： 联系方式： | | | | | | | | | |
| **序号** | **部门名称** | **申报人姓名** | **部门排序** | **性别** | **出生年月** | **学历/学位** | **所属学科** | **职称** | **联系电话** |
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