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

**单位（盖章）：**

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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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