国家卫生健康委干部培训中心2022年度科研计划项目申报汇总表

所在单位（盖章）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 单位联系人：\_\_\_\_\_\_\_\_\_ 单位联系电话：\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **序号** | **项目名称** | **所在单位** | **项目负责人** | **联系电话** | **职称** |
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| 3 |   |  |   |   |  |
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