附件5

山西省省筹资金资助回国留学人员科研项目申报汇总表

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| 单位盖章 联系人： 联系电话： | | | | | | | | | | | | |
| 序号 | 单位 | 项目名称 | 申报人 姓名 | 出生年月 | 学位 | 职称 | 所属学科 | 留学国别 | 留学起止时间 | 申请经费（万） | 项目类别 | 是否曾获得本项目资助(如是请注明时间） |
| 1 | 示例 | 必须与申报书一致 |  | 1985.02 | 博士 | 教授 |  |  | 2021.08-2022.08 |  |  |  |
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| （可加行） | | | | | | | | | | | | |
| 注：1、所属学科按照一级学科名称填报；2、申请人不得以在港澳地区学习经历作为出国经历。 | | | | | | | | | | | | |