**年离退休人员科研项目结项申请汇总表**

 填表单位：（单位公章） 日期：

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| **序号** | **姓名** | **联系电话** | **成果名称** | **立项时间** | **计划****完成时间** | **成果形式** | **字数****（万字）** | **备注** |
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单位审核人： 填表人： 联系电话：