附件2

2024年度重庆市教委科学技术研究计划项目申报汇总表

申报单位（盖章）： 申报日期:

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| **序号** | **负责人** | | **项 目 名 称** | **项目大类** | **申报领域** | **是否在编**  **人员** | **年龄** | **学 历** | **职 称** | **预期完成指标** | **依托单位（校级科研机构/科研创新团队）** |
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|  | | 注：1.项目大类、申报领域请与附件2中申报领域一致。  2.预期完成指标请参照项目申报书中考核指标填写。 | | | | | | | | |  |