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| 附件4  2018年河北省人力资源社会保障课题申报汇总表 | | | | | | |
| 申报单位： | | | | | | |
| 序号 | 课题类别 | 课题名称 | 负责人 | 课题组成员 | 预期成果 | 移动电话 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

科研部门负责人： 联系电话： 通讯地址：

注：此表由科研部门统一填写，按照课题种类分报政策法规处或研究所。