附件2

江西省高校人文社会科学研究项目评审专家推荐汇总表

**所在单位（盖章） 填报人： 联系电话：**

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| 序号 | 姓名 | 性别 | 出生日期 | 工作单位 | 专业技术职务 | 工作职务 | 学科类别 | 二级学科 | 研究方向 | 学历 | 学位 | 身份证号 | 手机号码 | 电子邮件 | 通讯地址(接收资料地址) | 银行卡号及开户行（具体到支行） | 持卡人姓名 |
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| 注：本表所列信息务必填写完整，不得漏填，请勿随意更改表格格式 |