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：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 | | | | | | | | | | | | | | | | | |