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| 附件2 | | | | | | | | | | |
| 2025年度云浮市医药卫生和社会发展科技计划项目汇总表 | | | | | | | | | | |
| 推荐单位：（盖章） 年 月 日 （ 单位：万元） | | | | | | | | | | |
| **序号** | **专题名称** | **项目名称** | **承担单位** | **参与单位** | **项目负责人** | **联系电话** | **自筹经费** | **项目实施起止时间** | **项目预期绩效** | **备注** |
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| 填报人： 联系电话： | | | | | | | | | | |