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| 附件4： | | | | | | | | | | |
| **拟申报市级创新平台基本情况一览表** | | | | | | | | | | |
| **序号** | **平台名称** | **依托单位** | **所在区市** | **依托单位基本情况** | **主要负责人及联系方式** | | | **申报联系人及联系方式** | | |
| **姓名** | **职务** | **手机** | **姓名** | **职务** | **手机** |
|  |  |  | 如平台跨区市，请申报单位注明。 | 应包括以下内容：依托单位固定资产原值、实验仪器设备原值、研发场地面积、专职科研人员数、承担市级以上课题或项目情况，专利申请授权情况。 |  |  |  |  |  |  |
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