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| 济宁医学院科研助理（教学助理、行政助理）岗位需求申请汇总表 | | | | | | |
| 部门、单位（公章）： | |  |  |  |  |  |
| **序号** | **部门/学科（平台、团队、项目）名称** | **负责人** | **联系电话** | **岗位人数** | **服务期限** | **经费来源（项目名称和编号）** |
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| 经办人签字： 负责人签字： | | | |  |  |  |