惠来县2025年广东省博士工作站新设站遴选推荐项目评审第三方服务机构申请表和报价表

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| 一、申报单位情况 | | | |
| 单位名称 |  | 单位性质 |  |
| 主管单位 |  | 统一社会信用代码 |  |
| 法定代表人 |  | 工作人员数 |  |
| 项目负责人 |  | 联系电话 |  |
| 业务范围 |  | | |
| 申报单位基本情况（不少于1000字） | 可另单独提供 | | |

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| 二、拟开展项目情况 | | | | | | | | | | | | |
| 1. **项目需求** | | | | | | | | | | | | |
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| **2、项目方案** | | | | | | | | | | | | |
| 项目工作方案可另单独提供 | | | | | | | | | | | | |
| 三、项目团队情况 | | | | | | | | | | | | |
| **项目负责人信息** | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | | |  | | 年龄 | |  |
| 职务 | |  | | | 学历及专业 | | |  | | | | |
| 办公电话 | |  | | | 手机 | | |  | | | | |
| 邮箱 | |  | | | 专业资质 | | |  | | | | |
| **参与本项目的人员信息** | | | | | | | | | | | | |
| 姓名及职务 | | 性别 | 年龄 | 学历及专业 | | 职称 | | | 角色  分工 | | 联系电话 | |
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| 四、项目预算 | | | | | | | | | | | | |
| 项目服务报价 | 名 目 | | | | | | 金额（万元） | | | | | |
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| 总价 |  | | | | | | | | | | | |
| 五、以往业绩 | | | | | | | | | | | | |
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| 六、承诺函 | | | | | | | | | | | | |
| **备注：**  1.其他可提供服务可另列增加列明。  2.提供一家新设站单位作为申报单位报价。 | | | | | | | | | | | | |