吉林省2025年职业院校教师国省培项目申报汇总表

**申报单位：(公章） 填表人（项目统筹部门）： 联系电话：**

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **项目编号** | **项目名称** | **项目执行部门** | **项目执行负责人** | **联系电话（手机）** | **首席专家** |
| 1 |  |  |  |  |  |  |
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吉林省2025年职业院校教师国省培项目统筹部门工作人员联络表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **职务** | **年龄** | **具体分工** | **联系电话（手机）** |
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