附件2：

巢湖学院社会科学界联合会第二次代表大会

代表汇总表

填报单位（盖章）： 填报人： 联系电话：

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| **序号** | **姓 名** | **性别** | **出生年月** | **职务/职称** | **学历/学位** | **所属学科** |
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