附件 6

2019 **年度江苏政府留学奖学金申报人员信息汇总表**

单位公章： 单位联系人： 联系电话： 传真：

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| **序号** | **姓名** | **性别** | **出生日期**  **（ 年**/ **月**/  **日）** | **工 作 单位** | **职称**  **（ 或职 务）** | **已获最高学**  **位** | **外 语水平** | **申请学科** | **申 请专业** | **申请国别** | **申请留学单位（中英文）** | **申请类别** | **留学月数** | **单位意见** | **是 否 曾获 得 过国 家 或省 公 派留 学 资**  **助**/**何时** | **联系电话** | **手机** | **邮编** |
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| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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