附件2

双链融合专员候选人信息汇总表

**派出单位（盖章）： 填表人： 联系电话：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 职务/职称 | 从事专业或擅长领域 | 联系电话（手机） | 意向县区 | 备注 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |