附件3

郑州市反邪教专项课题申报汇总表

申报单位： 联 系 人：

手机号码： 固定电话：

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| 序号 | 类别 | 课题名称 | 课 题负责人 | 课题组成员 | 工作单位 |
| 1 |  |  |  |  |  |
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