宁夏医科大学2019年度因公出国（境）计划备案表

申报单位(公章)：

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| 2019年度计划团组 | | | | | | | |  |  |  |  |
| 序号 | 出访任务 | 国家/地区 | 邀请/合作方 | 出访时间 | 天数 | 人员构成 | 姓名 | 职务/职称 | 经费名称 | 双跨/培训 | 备注 |
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联系人： 电话： 负责人签字：