**新乡医学院第十二届“挑战杯”大学生课外学术科技作品竞赛申报汇总表**

培养单位（盖章）： 工作联系人： 手机：

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| **序号** | **作品名称** | **所属类别** | **申报人姓名** | **学位类型** | **手机号码** | **指导教师** |
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