附件2

2024年度长春市产学研创新团队推荐汇总表

县（市）区工信主管部门(盖章)：

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| **序号** | **企业名称** | **企业主营业务** | **平台条件** | **合作高校及院所** | **团队人数** | **团队研发方向** | **技术装备情况** | **成果转化情况** | **属地** |
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填表人： 联系电话： 填表时间：