**中国城市轨道交通协会XXX(SC/协会分支机构)提案（初步）评估结果**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **项目名称** | **项目起止时间** | **申报单位** | **参加起草单位** | **联系人** | **联系电话** | **邮箱** | **初步评审结果（通过/未通过）** | **未通过的原因** | **备注** |
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|  | 统计： | 共收到提案 项； 通过初评 项； 未通过初评 项。 | | | | | | | | |
| SC/协会分支机构：  （盖章） | | | 负责人： | 电话： | 邮箱： | | | 日期： 年 月 日 | | |