附件2

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| **国家中小企业公共服务示范平台** | | | | | | | |
| **推荐表** | | | | | | | |
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| 示范平台承担单位名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 推荐省（区、市）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 填报日期： 年 月 日 | | | | | | | |
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| 工 业 和 信 息 化 部 制 | | | | | | | |
| **专家组评审意见** | | | | | | | | |
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| 专家姓名 | 职务/职称 | 工作单位 | | | | 签字 | | |
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| **推荐单位组织测评情况（随机抽取，不少于10家）** | | | | | | | | |
| 测评方法 | □上门拜访 □电话询问 □网络互动 □书面征求 □其他 | | | | | | | |
| 抽样企业名称 | 被访人员 姓名 | 职务 | 联系  电话 | 接受服务内容 | 对所受服务的总体评价 | | | |
| 很满意 | 基本满意 | 不满意 | |
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| 对区域中小企业发展的影响和作用 |  | | | | | | | |
| **省级中小企业主管部门推荐意见：** | | | | | | | | |
| （ 盖章 ）  年 月 日 | | | | | | | | |