附件2

2023年常州市行业产教融合共同体信息表

填报人： 联系方式：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **共同体名称** | **牵头企业** | **牵头高等学校** | **牵头职业学校** | **负责人**  **姓名** | **职务/职称** | **联系电话** | **备注** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |