附件3

安徽省教科文卫体系统在职职工

医疗互助活动参加人员花名册

单位工会名称（盖章）： 工会主席签名： 组织人事部门（盖章）

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| 序号 | 姓名 | 性别 | 身份证号 | 职务（职称） | 手机号码 | 备注 |
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