附件3

（部门）荣休人员信息汇总表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **是否提供 个人简介** | **是否提供 2寸照片** | **是否经本人 确认** | **备注** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| …… |  |  |  |  |  |
| **经审核，本汇总表所填内容属实。** | | | | | |
| **院部负责人签字：** | | | | | |
| **院部门盖章** | | | | | |
| **填表日期： 年 月 日** | | | | | |