附件3

 （部门）荣休人员信息汇总表

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| --- | --- | --- | --- | --- | --- |
| **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** |
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| **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**  |