附件：

湘潭大学教职工参加爱心医疗互助金申请表

单 位 ： 参加人数：

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **是否参加** | **签名** | **交费方式** | **职工号** | **备注** |
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单位负责人：

经办人： 电话：

年 月 日