附件5

**参加我院第八届运动会教职工保险信息采集表**

|  |  |  |  |
| --- | --- | --- | --- |
| **序号** | **姓 名** | **性别** | **身份证号码** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |

说明：1.参加运动会的教职工务必填写以上相关信息；  
 [2.纸质版交到行政楼4-405办公室，电子版发到工会邮箱gonghui5218@163.com。](mailto:2.纸质版交到行政楼4-405办公室，电子版发到工会邮箱gonghui5218@163.com。)