附件2

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| 重庆医科大学  **(单位)**  分团委（团总支）团员证补办申请登记表  **团总支书记 （签字盖章）** | | | | | | | | | |
| 姓名 | 性别 | 民族 | 籍贯 | 出生年月 | 入团时间 | 团员证编号  （2016年以后入团的需填写） | 团支书签名 | 联系方式 | 备注 |
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| 注：本团总支补办毕业生团员证 本。 | | | | | | | | | |