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| **(機關銜稱) 年度第4款逐次召集申請處理名冊** | | | | | | | | | | □新發生  □初次  □複核 | |
| 逐次召集  序號 | **身分證字號**  **出生日期**  **姓名**  **軍種階級** | | **戶籍地址**  **（填至鄉鎮市區）** | | **服務單位、職稱** | | | 核定機關  核復章 | | | 備考 |
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| 申請單位  承辦人職名章：  連絡電話： | |  | | 上級主管機關：  承辦人職名章：  連絡電話：  (如無上級人事權責單位者免蓋) | |  | 縣市  後備指揮部  核定章 | |  | | |