附件:

萧山区供销联社困难军转干部及企业困难退休干部基本情况登记表

单位（盖章）：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **出生年月** | **原工作单位和职务** | **家庭住址** | **联系方式** | **致困原因** | **备注** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

注：请在“备注”栏注明困难人员类别，“困难军转干部”或“困难企业干部”。