附件6

**全国“敬老爱老助老模范人物”推荐申报汇总表**

推荐单位（加盖公章） ： 市卫生健康委（老龄办）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 民族 | 政治面貌 | 联系电话 | 通讯地址及邮编 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

联系人： 联系电话：