**附表3**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (機關全稱)　 緩召第3款原因消滅名冊 申報日期：　年　月　日 | | | | | | | | | | |
| 身分證字號  出生日期  姓名  階級 | 戶籍地址  （填至鄉鎮市區） | | | 原核准情形 | | | | 原因消滅原因 | | 備考 |
| 縣市後備指揮部 | 日期 | | 字號 | 事實 | 日期 |
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| 申請機關  承辦人職名章 | |  |  | |  | 縣市後備  指揮部  核定章 | |  | | |