附件1：

**安徽医科大学学生社团年审表**

填表时间： 年 月 日

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| 社团名称 | | | |  | | | | | | | | | |
| 所属单位 | | | |  | | | | 会长 | | | |  | |
| 经费来源 | | | |  | | | | | | | | | |
| 会员人数 | | | |  | | | | 经费结余 | | | |  | |
| 主 席 团 成 员 情 况 | | | | | | | | | | | | | |
| 职务 | 姓名 | | 性别 | | 年级 | | 政治面貌 | | | 学院专业 | 入会时间 | | 联系方式 |
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| 指 导 老 师 情 况 | | | | | | | | | | | | | |
| 姓名 | | 性别 | 政治面貌 | | | 工作单位 | | | 职务（职称） | | 专业方向 | | 联系方式 |
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| 指导老师意见： | | | | | | | | | | | | | |

**会 员 名 单**

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| 编号 | 姓名 | 性别 | 学院 | 年级专业 | 联系电话 | QQ |
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（名单表格不够，可自行添加）

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| **工 作 报 告**  年 月 日—— 年 月 日（可另附纸写）  负责人：  年 月 日 |

**社 团 财 务 报 告**

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| 记账人 |  | 会长 |  |
| **财 务 收 入 情 况** | | | |
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| **财 务 支 出 情 况** | | | |
|  | | | |
| 社团主席团意见： | | 社团指导部意见： | |

备注：《社团财务报告》须提前进行会费公示，记账人、会长再在本财务报告上同时签字，社团主席团意见须有本社团所有主席团签字方可有效，收支报告可另附纸填写。

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| **主 要 成 果** | |
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| **发 展 目 标** | |
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| 社团指导部意见： | 校团委意见：  签字：  （盖章） |

共青团安徽医科大学委员会

安徽医科大学社团指导部

2020年7月