附件Ｃ

**學生保險資料**

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| 編號 | 姓名 | 出生年月日 | 活動日期 | 身分證字號（居留證號） | 系級 |
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| * 欄位不足時，請自行延伸。
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| ※ 請務必以電腦繕打，完成後，回傳電子檔，至信箱：b0179@mail.nknu.edu.tw |