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| 附件7  苏州工业园区“留园优技”项目制培训补贴人员花名册 | | | | | | | | | | | |
| 培训单位（公章）： 培训项目： 填写日期： 年 月 日 | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 民族 | 文化程度 | 身份证号 | 户籍所属地省、市、县（区） | 手机号码 | 2021年2月和3月社保缴纳状态 | 社保缴纳所在地 | 参训时间 | 培训考核情况 | |
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注：1.本花名册人员名单应与申请表名单基本保持一致，总人数应小于等于申请表名单人数；2. 培训考核情况填报“合格”或“不合格”；3.培训补贴人员花名册可另附页；4.参训时间格式为202102。