附件7

昆山市项目制培训补贴人员花名册

申报单位名称： 申报时间： 年 月 日

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| 序号 | 姓名 | 身份证号 | 社保编号 | 性别 | 户籍所在地（省、市、县区） | 人员类别 | 培训项目名称 | 培训合格证书编号 | 发证时间 | 培训课时 | 银行名称 | 银行卡号 | 联系电话 |
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备注：培训补贴人员花名册可另附页