## 创业带动就业补贴花名册

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| 申请单位名称（盖章）： | | |  | 统一社会信用代码： | | 申请表编号： | |  | |
| 联系人： | | |  | 联系电话： | |  | |  | |
| 序号 | 姓名 | 性别 | 身份证号码 | | 签订劳动合同期限（年月日-年月日） | | 参保起始时间（年月） | | 手机号码 |
| 1 |  |  |  | |  | |  | |  |
| 2 |  |  |  | |  | |  | |  |
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| 4 |  |  |  | |  | |  | |  |
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| 11 |  |  |  | |  | |  | |  |