附件4

南通市区职业技能提升培训企业（机构）补贴人员花名册

填报部门：（印章）

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| 序号 | 姓名 | 身份证号 | 联系电话 | 单位名称 | 证书名称  及编号 | 发证机构 | 补贴总金额（元） | 社会保障卡号 | 备注 |
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注：申领生活补贴的人员在备注栏打“√”