附件4

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| **德清县线上职业技能培训补贴申报学员名册** | | | | | | | | | |
| 企业名称：(盖章) 培训项目： 培训人数： 培训日期： 年 月 日 至 月 日 | | | | | | | | | |
| 序 | 姓 名 | 性 | 身份证号 | 家庭详细地址 | 学 历 | 培训 | 申请补贴金额 （元） | 联系电话 | 备 注 |
| 号 | 别 | 课时 |
| 1 |  |  |  |  |  |  |  |  |  |
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| 13 |  |  |  |  |  |  |  |  |  |
| 填表人: 负责人： 联系电话： 填报日期： 年 月 日 | | | | | | | | | |