附件11

**慈溪市中小微企业吸纳高校毕业生就业社会保险补贴人员花名册**

填报单位（盖章）： **年** **半年**

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| 序号 | 单 位 | 姓 名 | 身份证号码 | 备注 |
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注：此表一式一份。