附件4

《鄞州区高层次人才精英卡》其它各类补助申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人基本  情况 | 单位名称 | |  | | | | | | | | | 落户地（所属镇、街道、园区）或主管部门 | | | | | | | | | |  | | | | | | |
| 人才姓名 | |  | | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | |
| 联系人 | |  | | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | |
| 入选类别 | | □顶尖人才 □特优人才 □领军人才 □拨尖人才 □创业鄞州·精英引领计划人才 □泛创业鄞州·精英引领计划人才 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入选时间 | | | | | | | 精英卡类别 | | | | | | | | | | | | | | 人才来鄞工作时间 | | | | | | |
| 年 月 | | | | | | □红卡 □蓝卡 | | | | | | | | | | | | | | | 年 月 | | | | | | |
| 综合保险 补贴 | 购买保险公司 | | |  | | | | | | | | | | 险种类型 | | | | | |  | | | | | | | | |
| 保险金额（元） | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 交通出行 补贴 | 补助金额（元） | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 子女就读民办学校补贴 | 子女姓名 |  | | | | 性别 | | | |  | | | 就读学校 | | | |  | | | | | | | 一学期学费金额（元） | | | |  |
| 之前已获得补贴起止时间 | | | | |  | | | | | | | 本期补贴起止时间 | | | | | |  | | | | | | | | | |
| 未就业配偶生活及社保补贴 | 家属姓名 | |  | | 家属证件号码 | | | | | | | |  | | | | | 家庭住址 | | | | | | |  | | | |
| 现户籍地 | |  | | | | | | | | 家属联系电话 | | | |  | | | | | | 学历 | | | | | |  | |
| 之前已获得补贴起止时间 | | | | |  | | | | | | | | | 本期补贴起止时间 | | | | | | | |  | | | | | |
| 人才体检 补贴 | 体检医院或机构 | | | | | | | |  | | | | | | | 体检金额 | | | | | | | | | |  | | |
| 申请人声明 | 本人对以上填报内容真实性负责。  本人签字：   (单位盖章) 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在镇、街道、园区或所属主管部门意见 | （单位盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 鄞州区人力社保局意见 | （单位盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |