附件5：

**贵州省高校毕业生就业见习人员花名册**

单位：（盖章） 年 月 单位：元

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| **序号** | **姓名** | **身份证号** | **毕业学校** | **学历** | **所学专业** | **毕业时间** | **见习起止时间** | **本次申报补贴起止时间** | **办理人身意外伤害和住院医疗商业保险（元）** | **本次申报补贴金额（元）** |
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| 合计 | | | | | | | | |  |  |