附件1-1

会展人才补贴名单汇总表

申请单位（盖章）：

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| 序号 | 姓名 | 身份证号码 | 职称名称 | 职称取得时间 | 在现单位参保时间 | 联系号码 | 个人账号 | 开户行 |
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备注：“在现单位参保时间”一栏填写在现工作单位参加社保的起始日期至最近一期参保的日期。