附件17

“好德妈妈”技能培训补贴花名册

填报单位（公章）：

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| **序号** | **姓名** | **身份证号码** | **性别** | **年龄** | **培训时间** | **培训职业（工种）** | **补贴金额(元)** | **联系电话** |
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| 合计 |  |  |  |  |  |  |  |