附件2

桂林市中小微企业及社会组织吸纳高校毕业生社保补贴花名册（请用EXCEL表）

单位名称（盖章）： 单位： 元

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| **序**  **号** | **姓 名** | **毕业院校** | **身份证号码** | **毕业生联系电话** | **申领补贴金额（单位缴交部分）** | | | | | **申领月数（个）** | **申领补贴期限** |
| **养老险** | **失业险** | **工伤险** | **医保险** | **小计** |
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| 合计 | | | | |  |  |  |  |  |  |  |