附件2

云南省高校残疾人毕业生求职补贴汇总表

州（市）残联（盖章）： 上报日期： 年 月 日

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| 编号 | 姓名 | 残疾人证号 | 性别 | 民族 | 学历 | 政治面貌 | 联系地址 | 联系电话 | 生源地 | 毕业年度 | 毕业学校 | 所学专业 | 补贴金额 | 备注 |
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单位负责人： 填表人： 联系电话：