附件7

山东省见习基本生活补助经费花名册（见习单位填写）

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| 序号 | 区县 | 见习基地 | 姓名 | 身份证号码 | 毕业年度 | 毕业院校 | 学历 | 年龄 | 籍贯 | 见习起止时间 | 月数 | 基本生活补助发放金额（元） | 购买意外伤害保险日期 | 见习人员签名 | 导师姓名 | 联系电话 | 备注 |
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填表单位： （盖章） 名册月份： 填表日期：