附件2

南通市通州区社会工作职业水平考试获证补贴花名册

填报部门：（印章）

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| 序号 | 姓名 | 性别 | 身份证号 | 联系电话 | 单位名称 | 证书名称及编号 | 发证机构 | 补贴总金额（元） | 社会保障卡号及缴纳失业保险时间 | 备注 |
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