附件3

残疾毕业生求职创业补贴申请明细表（ 2018 届）

学院名称（盖章）：

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| 序号 | 姓名 | 性别 | 民族 | 学历 | 学号 | 专业班级 | 联系电话 | 身份证号 | 毕业生类型 | | | 残疾证编号 | | 残疾证发放单位 | | 备注 | | 银行卡号 | |
| 高级工班 | 预备技师班 | 特殊教育类 | |  | |  | |  | |  |
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学院负责人： 填表人： 电话： 报出日期：

备注：普通高校类不填写毕业生类型栏，技工院校或特殊教育院校需分类填写情况。