附件7

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号 | 毕业学校 | 学历 | 所学专业 | 毕业时间 | 见习起止时间 | **本次申报补贴起止时间** | 申报人身意外伤害和住院医疗商业保险金额 | 申报生活补贴金额 | 本次申报补贴金额以上两项合计 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  合计 |  |  |  |  |

贵州省青年就业见习人员花名册

单位：（盖章） 年 月 单位：元