附件4

**安全技能提升培训人员明细表（企业代办）**

单位名称（公章）： 申请时间： 年 月 日

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| **序号** | **身份证号码（证号：T+身份证号）** | **姓名** | **工作单位** | **作业类别** | **操作项目** | **发证时间** | **手机号码** | **补贴金额（元）** | **社会保障卡号**  **银行卡号** | **开户行** | **开户行号** | **职工签字** |
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经办人： 联系电话：