附件6

安徽省就业见习人员情况汇总表

单位名称：（盖章）

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| 序 号 | 姓 名 | 性 别 | 身份证号码 | 毕业学校 | 毕业时间 | 专 业 | 学历学位 | 见习岗位 | 见习(天数) | 补助金额（元） | 是否留用 | 见习生签字 |
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