附件2：

西安市残疾人就业保障金支持集中安置残疾人就业企业项目残疾职工汇总表

企业名称（盖章）

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| 序号 | 姓名 | 性别 | 残疾证号 | 残疾  类别 | 残疾  等级 | 联系电话 | 工种 | 月均工资 | 城镇职工养老  保险个人编号 |
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填表人： 填表日期： 年 月 日