附件4

西安市残疾人创业孵化基地项目汇总表

区县残联（盖章） 分管领导签字： 审核人签字： 年

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| 序号 | 基地名称及面积 | 入驻实体名称 | 入驻孵化基地残疾人信息 | | | | | | | 扶持资金（万元） |
| 姓名 | 性别 | 户籍  （区县) | 残疾证号 | 残疾类别等级 | 创业孵化项目 | 联系方式 |
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| 〔末页合计 〕 | | | | | | | | | |  |