附件2：

西安市户籍入驻孵化基地残疾人汇总表

单位名称（盖章）

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| 序号 | 姓名 | 性别 | 户籍所属区县 | 残疾证号 | 残疾类别 | 残疾等级 | 创业孵化项目 | 联系电话 |
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填表人： 填表日期： 年 月 日