　　附件5企业招用就业困难人员（应届高校毕业生）缴纳社会保险花名册

　　申请单位（盖章）：                                       单位：元                       日期：      年      月    日

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| **序号** | **姓名** | **性别** | **身份证号码** | **对象类型（就业困难人员/应届高校毕业生）** | **基本养老保险费（单位缴纳部分）** | **基本医疗保险费（单位缴纳部分）** | **失业保险费（单位缴纳部分）** | **合计** |
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