附件1

大连市困难毕业生社保补贴申请表

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| 一、申请人基本信息 | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | | 性别 | | |  | | | 身份证号 | | | |  | | | | | | |
| 毕业院校 | |  | | | | | | | | | | | | 学历学位 | | | |  | | | | | | |
| 专业 | |  | | | | | | | | | | | | 毕业时间 | | | |  | | | | | | |
| 单位名称 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 单位所在地 | |  | | | | | | | | | | | | 联系电话 | | | |  | | | | | | |
| 毕业生困难类别 | | | | | | □低保家庭毕业生 □防止返贫监测对象所在家庭毕业生  □烈士子女毕业生 □获得国家助学贷款的毕业生  □特困人员中的毕业生 □孤儿毕业生 □残疾毕业生 | | | | | | | | | | | | | | | | | | |
| 二、个人社保卡银行账户基本情况 | | | | | | | | | | | | | | | | | | | | | | | | |
| 开户银行 | | | |  | | | | | | | | | 银行账号 | | | | | |  | | | | | |
| 三、社会保险（养老、医疗、失业）个人缴费补贴情况 | | | | | | | | | | | | | | | | | | | | | | | | |
| 补贴月份 | | | 养老保险缴费金额 | | | | | | | 失业保险缴费金额 | | | | | | 医疗保险缴费金额 | | | | | | 补贴合计 | | |
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| 合计 | | |  | | | | | | |  | | | | | |  | | | | | |  | | |
| 社保基数调整一次性补缴金额（个人） | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | 养老保险缴费金额 | | | | 失业保险缴费金额 | | | | | | 医疗保险缴费金额 | | | | | 社保基数调整一次性补缴金额（个人） | | | 补贴合计 | |
| 季度补贴合计金额 | | | | |  | | | |  | | | | | |  | | | | |  | | |  | |
| 已享受补贴具体情况 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 个人承诺 | | | 本人承诺以上社会保险（养老、医疗、失业）个人缴费补贴申报情况真实准确，所提供的材料真实有效。  承诺人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | |