附件7：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 海曙区青年技能人才荣誉奖励申请表 | | | | | | | | | | |  | |
| 序号 | 姓名 | 身份证号码 | 手机号码 | 荣誉证书名称 | 证书发放时间（或文件发文时间） | 工作单位 | 海曙区社保缴纳情况（是或否） | 申请补助 金额(万元) | 账户名 | 宁波银行开户行 | 宁波银行借记卡账号 | | 备注 |
| 1 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 申请人（签字）： 联系电话： | | | | | | | | | | | | | |