附件

残疾人就业服务机构基本情况信息表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 机构名称 | 机构地址 | 公开电话 | 初审人员 | 复审人员 |
| 姓名 | 身份证号 | 手机号 | 姓名 | 身份证号 | 手机号 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |