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| 附件1  三亚市企业线上职业技能培训开班备案申请审核表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **企业名称（加盖公章）：** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **统一社会信用代码：** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **企 业 填 写** | **培训科目** | | | | | |  | | | | | | | | | | | | | | | | | | | **培训等级** | | | | | | | | | | | |  | | | | | | | | | | | | **人数** | | | | | | | |  | | | | | |
| **班期 负责人** | | | | | |  | | | | | | | | | **联系电话** | | | | | | | | | |  | | | | | | | | | | | | **企业地址** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **企业 负责人** | | | | | |  | | | | | | | | | **联系电话** | | | | | | | | | |  | | | | | | | | | | | | **企业类型** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **开班时间** | | | | | |  | | | | | | | | | | | | | | | | | | | **结课时间** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **总课时** | | | | |  | | | | |
| 企业承诺:我司开展线上培训对象均为与我司建立劳动关系人员或在我司工作的劳务派遣人员,且申请培训补贴时仍为我司职工;培训内容与主营业务相关,有学习记录，学习过程可查询、可追溯。现已确认本次申请提交各项申报材料真实、有效;严格落实各类档案的留存、归档、备查工作，留存相关档案材料、可复查的电子数据信息等不少于2年并配合接受各类审计、监督。如以虚报、冒领等手段骗取补贴资金的，本单位将如数退还补贴资金，并承担相应法律责任。  企业法人代表（签名）： （企业公章）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审核**  **单位**  **填写** | **审核意见：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **经办人（签章）： 审核人（签章）： 审核单位（盖章）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **年 月 日 年 月 日 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **制表人签章：** | | | | | | |  | | | | | | | | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | **填表时间：** | | | | | | | | | | |  | | | | | | | | | | | |