附件1

办理诸暨至杭州高速公路双向通行免费人员统计表

分工会：

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| --- | --- | --- | --- |
| 姓 名 | 身份证号码 | 户籍所在地 | 职工基本养老保险费缴纳地 |
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备注：省编教职工社保缴纳地：浙江省机关事业养老保险中心，其他编制请自行查询。