云南省机关事业单位工作人员基本养老保险、职业年金、工伤保险

首次参保人员参保登记批量申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 单位名称： | | | |  |  | |  | 单位编号： | | | |  | |  |  |  | | |  | |  | |  | |
| 序号 | 姓名 | 身份证号码 | 出生日期 | 民族 | | 户籍地 | | | 手机号码 | 人员类型 | 参加工作日期 | | 起薪月缴费工资（元） | | 参加养老保险标志 | | 养老保险参保日期 | 参加工伤保险标志 | | 工伤保险参保日期 | | 人员供养方式 | | 职业年金账户类型 | | 建账年月 |
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