上海交大医学院退休人员信息登记表

填表日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 编号 |  | | | 姓名 |  | | | 性别 | | |  | | | | | 贴照片处 | | | |
| 身份证 | |  | | | | | | | | | | | | | |
| 籍贯 |  | | | | | | | 民族 | | |  | | | | |
| 政治面貌 | | |  | | | | | 入党年月 | | | |  | | | |
| 学历 |  | | | | | 职称 | |  | | | | | 原部门 | | | |  | |
| 结婚年月 | | |  | | | | | 健康状况 | | | | |  | | | | | |
| 出生年月 | | |  | | | 工作年月 | | |  | | | | 退休年月 | | | | |  |
| 家庭地址 | | |  | | | | | | | | | | 邮编 | |  | | | |
| 电话 |  | | | | | Email邮箱 | | | |  | | | | | | | | |
| QQ号 |  | | | | | 微信号 | | | |  | | | | | | | | |
| 医保（□干部、□普通） | | | | | | | | | | 转、复员军人（□是、□否） | | | | | | | | |
| 居住状况（□夫妻同住、□与子女同住、□单身居住、□与父母同住、□与兄弟姐妹同住、□其他） | | | | | | | | | | | | | | | | | | |
| 子女状况（□居住本市、□居住外地、□居住国外、□无子女） | | | | | | | | | | | | | | | | | | |
| 亲属姓名 | | | | 与本人关系 | | | 工作单位 | | | | | | | 电话或手机 | | | | |
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| 备注： | | | | | | | | | | | | | | | | | | |