个人信息登记表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 人员编码 | | ${code} | 性 别 | ${sex} | 民 族 | ${national} | ${photo} |
| 出生日期 | | ${birthday} | 到院工作日期 | ${school\_date} | 职 务 | ${category} |
| 职 级 | | ${job\_level\_id} | 部 门 | ${department} | 死亡日期 | ${death\_date} |
| 死亡原因 | | ${death\_reason} | 备 注 | ${comment} | | |
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| **本人理解到本表格所要求的信息是非常重要的，在此确认以上提供的信息及提供的附件（复印件）均是真实和准确的,如有虚假信息，本人愿意承担相应责任。**  本人签字： | | | | | | | |