窗体顶端

**信息采集登记表**

|  |
| --- |
| 填报单位： |

|  | | |  | | | |  | | | | |  | | | | | | |  | |  | | | | | | | | | | |  | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | | | | | | | | | | | | | | | | 性 别 | | | | | | | □男 □女 | | | | | | | | | |  | | | |
| 出生日期 | | | 年 月 日 | | | | | | | | | | | | | | | | | | | 民 族 | | | | | | |  | | | | | | | | | |
| 身份证号码 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 签发机关 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有效期 | | | 年 月 日 -  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍类别 | | | □农村（农业）□城镇（非农业） | | | | | | | | | | | | | | | | | | | | | | | | | 户籍地 | | | | |  | | | | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 政治面貌 | | | □中共党员 □中共预备党员 □共青团员 □中国国民党员 □民主同盟会员 □民主建国会员 □民主促进会员 □农工民主党员 □致公党员 □九三学社 □台湾民主自治同盟盟员 □无党派民主人士 □群众 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 文化程度 | | | □博士 □硕士 □大学本科 □大学专科（高职）□中专(中技)□高中 □初中及以下 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | | □已婚 □未婚 □丧偶 □离婚 | | | | | | | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | |  | | | | | | | |
| 手机号码 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | QQ或微信号 | | | | | |  | | | | | | | |
| **军队转业干部信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入伍时间 | | 年月日 | | | | | | 退役时间 | | | | | | 年月日 | | | | | | | | | | 军龄年 | | | | | | | | | | | | | | | | | | |
| 原部队代号 | |  | | | | | | 转业证件 | | | | | | □原件 □证明材料 | | 转业证件号 | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 原 职 级 （以退役前 最高职级 为准） | | 行政军官 | | □正师 □副师 □正团 □副团 □正营 □副营 □正连 □副连 □排职 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业技术 | | □三级 □四级 □五级 □六级 □七级 □八级 □九级  □十级 □十一级 □十二级 □十三级 □十四级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理文职 | | □正局级 □副局级 □正处级 □副处级 □正科级 □副科级  □一级科员 □二级科员 □办事员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置日期 | | 年月日 | | | | | | 安置地 | | | | | | 省市县（区） | | | | | | | | | | | | | | | |
| 退役安置方式 | | □计划分配 □自主择业 □自愿自行就业 □企业军转干部 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 立功受奖情况 | | □八一勋章 □大军区以上荣誉称号 □一等功 □二等功 □三等功 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置单位名称 | |  | | | | | | | | | | | | 安置单位 性质 | □行政机关 □事业单位 □企业 □其他 | | | | | | | | | | | | | | |
| **军队离退休干部和退休士官** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 军休类别 | | □离休干部 □退休干部 □退休士官 □退休改离休 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入伍时间 | | 年月日 | | | | | | | | | | | | 离退休时间 | 年月日 | | | | | | | | | | | | | | |
| 离退休证件号 | |  | | | | | | | | | | | | 安置日期 | 年月日 | | | | | | | | | | | | | | |
| 安置地 | | 省市县（区） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置单位性质 | | 政府管理 | | □退役军人事务部门管理 □组织部门管理 □人社部门管理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 军队管理 | | □干休所管理 □等移交政府安置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置单位名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服务管理机构名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **军队无军籍离退休退职职工** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加工作 或入伍时间 | | 年月日 | | | | | | | | | | | | 离退休时间 | 年月日 | | | | | | | | | | | | | | |
| 成为军队 职工方式 | | □招工 □地方调入 □兵改工 □军转安置 □随军安置  □征地农转工 □接收大中专毕业生 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原单位 | |  | | | | | | | | | | | | 离退休证件号 |  | | | | | | | | | | | | | | |
| 获得荣誉 称号情况 | | □全国劳动模范 □全国先进工作者 □全军职工先进工作者  □省部级劳动模范 □省部级先进工作者 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原 职 级 | | 2006年 6月30日前 离退休 | | □正高级 □副高级 □中级 □助理级 □员级 □正局 □副局  □正处 □副处 □正科 □副科 □科员 □办事员  □高级技师 □技师 □技工 □高级工 □中级工 □初级工 □普通工 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2006年 7月1日后 离退休 | | □专业技术二级 □专业技术三级 □专业技术四级 □专业技术五级 □专业技术六级 □专业技术七级 □专业技术八级 □专业技术九级 □专业技术十级 □专业技术十一级 □专业技术十二级  □专业技术十三级 □管理三级 □管理四级 □管理五级 □管理六级 □管理七级 □管理八级 □管理九级 □管理十级 □技术工一级 □技术工二级 □技术工三级 □技术工四级  □技术工五级 □普通工 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否伤残 | | □是 □否 | | | | | | 伤残等级 | | | | | | □一级 □二级 □三级 □四级 □五级  □六级 □七级 □八级 □九级 □十级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置计划批次 | | □无 □一批 □二批 □三批 □四批 □五批 □六批 □2015年度 □2017年度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置地 | | 省市县（区） | | | | | | | | | | | 接收年月 | | | | | | | | | | | 年月 | | | | | | | | | | | | | | | | | | | |
| 安置单位性质 | | □政府管理 □军队管理 | | | | | | | | | | | | 个人月均离退休金总额 | | | | | | | | | | 元 | | | | | | | | | | | | | | | | | | | |
| 家庭购买房改住房情况 | □已购房 □已确定购房意向 □未购房 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所购房 改住房性质 | | □军队安置住房 □军队经济适用房 □军队集资房 □军队安居工程房  □军队售房区现住房 □地方经济适用房 □单位统购商品房  □共有产权房 □限价商品房 □其他房改房 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 房改住房购房主体 | □本人 □配偶 | | | | | | | | | | | | | 所购房改住房建筑面积 | | | | | | | | | | （平方米） | | | | | | | | | | | | | | | | | | | |
| 所购房 改住房地址 | | 省市县（区）乡(镇)街道 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **退伍红军老战士（含西路军红军老战士和红军失散人员）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加革命时间 | 年月日 | | | | | | | | | | | | | 退伍（离退休）时间 | | | | | | | | | | 年月日 | | | | | | | | | | | | | | | | | | | |
| 原单位 | |  | | | | | | | | | | | | 退伍证件 | □原件 □证明材料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人员类别 | | □退伍红军老战士 □西路军红军老战士 □红军失散人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 待遇情况 | | □在乡 □离休 □退休 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **复员军人** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入伍时间 | | 年月日 | | | | | | 复员时间 | | | | | | 年月日 | | | | | | | | | | 军龄年 | | | | | | | | | | | | | | | | | | | |
| 原部队代号 | |  | | | | | | 复员证件 | | | | | | □原件 □证明材料 | | 复员证件号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 原 职 级 | | □排职以下 □排职 □副连职　 □正连职 □副营职　□正营职 □副团职 □正团职 □副师职 □正师职 □副军职 □正军职 □十四级 □十三级 □十二级 □十一级 □十级 □九级 □八级 □七级 □六级 □五级 □四级 □三级 □办事员 □二级科员 □一级科员 □副科级 □正科级 □副处级 □正处级 □副局级 □正局级 □按副军职待遇 □按正军职待遇 □副大军区职待遇 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 立功受奖情况 | | □八一勋章 □大军区以上荣誉称号 □一等功 □二等功 □三等功  □全军士官优秀人才奖 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人员类别 | | □1954年10月31日前入伍 □1954年11月1日后入伍 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 待遇情况 | | □在乡老复员军人定期补助 □离休 □退休 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置计划年度 （1954年11月1日后入伍的填写） | | | | | | | | 年 | | | | | 接收年月 | | | | | | | | | | | 年月 | | | | | | | | | | | | | | | | | | | |
| **残疾军人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 伤残等级 | | | □一级 □二级 □三级 □四级 □五级 □六级□七级 □八级 □九级 □十级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 伤残性质 | | | | | □因战 | |
| □一级 □二级 □三级 □四级 □五级 □六级□七级 □八级 □九级 □十级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 伤残性质 | | | | | □因公 | |
| □一级 □二级 □三级 □四级 □五级 □六级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 伤残性质 | | | | | □因病 | |
| 伤残证件号码 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评残时间 | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | 是否因精神病评残 | | | | | | | | | | | □是 □否 | | | | | | | | | |
| **伤残民兵民工** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 伤残等级 | | □一级 □二级 □三级 □四级 □五级  □六级 □七级 □八级 □九级 □十级 | | | | | | | | | | | 伤残性质 | | | | | | | | | | | □因战 | | | | | | | | | | | | | | | | | | | |
| □一级 □二级 □三级 □四级 □五级  □六级 □七级 □八级 □九级 □十级 | | | | | | | | | | | 伤残性质 | | | | | | | | | | | □因公 | | | | | | | | | | | | | | | | | | | |
| □一级 □二级 □三级 □四级 □五级 □六级 | | | | | | | | | | | 伤残性质 | | | | | | | | | | | □因病 | | | | | | | | | | | | | | | | | | | |
| 伤残证件号码 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评残时间 | | 年月日 | | | | | | 原服务单位 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **烈士遗属** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与烈士关系 | | □父母（抚养人） □配偶 □子女 □兄弟姐妹 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否是持证人 | | □是 □否 | | | | | | 烈士证明书编号 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 优抚待遇情况 | | □定期抚恤金 □定期生活补助金 □不享受 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 烈士姓名 | |  | | | | | | 性别 | | | | | | □男 □女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出生日期 | | 年月日 | | | | | | 入伍（工作）日期 | | | | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 牺牲日期 | | 年月日 | | | | | | 评定烈士时间 | | | | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 烈士生前单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评定烈士单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 烈士安葬地 | | □境内 | | | | 省市县（区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □境外 | | | | 国家 | | |  | | | | | | | | 具体地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| □不清楚 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **因公牺牲军人遗属** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与因公牺牲军人关系 | □父母（抚养人） □配偶 □子女 □兄弟姐妹 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否是持证人 | | □是 □否 | | | | | | 因公牺牲军人证明书编号 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 优抚待遇情况 | | □定期抚恤金 □定期生活补助金 □不享受 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 因公牺牲军人姓名 |  | | | | | | | | | | | | | 性别 | □男 □女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出生日期 | | 年月日 | | | | | | 入伍（工作）日期 | | | | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡日期 | | 年月日 | | | | | | 认定因公牺牲时间 | | | | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 因公牺牲军人生前单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **病故军人遗属** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与病故军人关系 | □父母（抚养人） □配偶 □子女 □兄弟姐妹 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否是持证人 | | □是 □否 | | | | | | 病故军人证明书编号 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 优抚待遇情况 | | □定期抚恤金 □不享受 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病故军人姓名 |  | | | | | | | | | | | | | 性别 | □男 □女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出生日期 | | 年月日 | | | | | | 入伍（工作）日期 | | | | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡日期 | | 年月日 | | | | | | 认定病故时间 | | | | | 年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病故军人生前单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **现役军人家属** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与现役军人的关系 | □父母（抚养人） □ 配偶 □ 子女 | | | | | | | | | | | | 是否随军 | | | | | | | | | | | □是 □ 否 | | | | | | | | | | | | | | | | | | | |
| 现役军人姓名 | |  | | | | | | | | | | | | 性别 | □男 □ 女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入伍日期 | | 年月日 | | | | | | 现役军人职级 | | | | | □军官 □士官 □义务兵 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | |  | | | | | | | | | | | | 军队证件号 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现就业状态 | | □在职 □下岗 □失业 □无业 □离休 □退休 □创业 □务农 □学生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 孤儿情况 | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 孤老情况 | | □是 □否 | | | | | | | | | | | | | | | | | | 供养情况 | | | | | | | | | □分散供养 □集中供养 □无 | | | | | | | | | | | | | | |
| 供养单位 | | □荣康医院 □复退军人精神病院 □复退军人慢性病疗养院  □综合性优抚医院 □光荣院 □社会福利机构 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **悬挂光荣牌状况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否申请悬挂光荣牌 | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | 申请悬挂光荣牌时间 | | | | | | | | | | | 年 月 日 | | | | | | | |
| 悬挂光荣牌时间 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **生活状况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人年收入 （单位：元） | | | | | | | | | | | □0-10000 □10001-30000 □30001-50000 □50001-120000 □120000以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 （含离退休前单位） | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现单位性质 （含离退休前单位） | | | | | | | | | | | □国家机关 □事业单位 □国有企业 □外资企业 □私营企业 □集体企业 □公益性岗位 □自由职业 □创业 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 养老保险 | | □城乡居民社会养老保险 □职工基本养老保险 □离退休金 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗保险 | | □城乡居民基本医疗保险 □职工基本医疗保险 □公费医疗 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房公积金 | | □有 □无 | | | | | | | | | 享受国家抚恤 补助金情况 | | | | | | | | | | | | | | | | □是 □否 | | | | 享受残疾人 两项补贴 | | | | | | | | | | □是 □否 | | |
| 住房状况 | | □无 □自建房 面积：㎡ 间数： □公有住房 面积：㎡ □经济适用房 面积：㎡□公租房 面积：㎡ □廉租房 面积：㎡□商品房 面积：㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会救助状况 | | | | | □低保 □五保 □建档立卡贫困户 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要困难 | | □就业 □生活 □住房 □医疗 □养老 □教育 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要诉求 | | □提高待遇问题 □确认身份问题 □安排工作问题 □解决“三难”问题 □解决社保问题 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 具体诉求 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人签名：  日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | 县(市、区)意见  公章：  审核人：  日期： 年 月 日 | | | | | | | | | | | | | | | | | |

窗体底端