**附件1、**

**中国石油大学（北京）博士后人员参保信息登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | | | |  | | | | 年龄 | | | |  | | | 出生年月 | | | | | |  | | | | | |
| 身份证件号码 | | |  |  | |  | | |  |  | |  | |  | |  | |  | |  |  | |  | |  |  |  | | |  | |  |  |
| 民族 | | |  | | | | 文化程度 | | | | | |  | | | | 政治面貌 | | | | | | |  | | | | | 籍贯 | |  | | |
| 参加工作时间 | | |  | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | | | | |
| 导师 | | |  | | | | | | | | | | | | | | 缴费基数 | | | | | | | 元/月 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会  保险 | | 户口性质 | | | | | |  | | | | | | | | | 档案存放地 | | | | | | |  | | | | | | | | | |
| 户口所在地 | | | | | |  | | | | | | | | | 户口地邮编 | | | | | | |  | | | | | | | | | |
| 现住址 | | | | | |  | | | | | | | | | 居住地邮编 | | | | | | |  | | | | | | | | | |
| 是否已在京参保 （ ）是 （ ）否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房公积金 | | 是否缴纳过住房公积金 | | | | | | | | | | | | | | | （ ）是 □国管 □市管 | | | | | | | | | | | | | | | | |
| （ ）否 | | | | | | | | | | | | | | | | |

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注：1.此表打印一式一份，交人事处保险科。

2.若首次在京参保，请将本人近期一寸、正面、免冠、彩色、白底、服装与背景颜色反差大的电子照片，jpg格式，宽度：358像素，高度441像素；照片大小在9--20kb之间。[上传邮箱**cupbxkzp@163.com**](mailto:上传邮箱cupbxkzp@163.com)，请以聘用部门和姓名命名。