焦作市非因工伤残或因病丧失劳动能力程度鉴定申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被 鉴 定 人 信 息 栏 | 姓 名 |  | | | | | 性别 | | |  | | | 出生年月 | | |  | | | | 近期一寸彩照 |
| 参加工作时间 |  | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 主要诊断 |  | | | | | | | | | | | | | | | | | |
| 伤病情况简述： | | | | | | | | | | | | | | | | | | | |
| 联系电话(手机) | | |  | | | | | | | | | | | 固定电话 | | | | |  |
| 联系地址 | | | | | | | | | | | | | | | | | | | 邮政编码 |
|  |
| 申请单位信息栏 | 申请单位名称 | | |  | | | | | | | | | | | | | | | | |
| 申请单位联系人 | | |  | | | | | | | | | | | 联系电话 | | | | |  |
| 联系地址 | | | | | | | | | | | | | | | | | | | 邮政编码 |
|  |
| 意见及盖章栏 | 被鉴定人意见及签名：  年 月 日 | | | | | | | | | | 申请单位意见及盖章：  年 月 日 | | | | | | | | | |