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| **南京市工伤保险待遇申领表** | | | | | | | | | | | | | | | | | | | |
| 单位全称 | |  | | | | | | | 单位编号 | | | |  | | | | | | |
| 工伤职工姓名 | |  | | | | | | | 移动电话 | | | |  | | | | | | |
| 公民身份号码  (社会保障号） | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他证件类型 | |  | | | | | 证件号码 | | |  | | | | | | | | | |
|  | 伤残待遇 | □伤残津贴 □生活护理费 □一次性伤残补助金 | | | | | | | | | | | | | | | | | |
| □一次性工伤医疗补助金 | | | | | | | | | | | | | | | | | |
| 工亡待遇 | □丧葬补助金 □一次性工亡补助金 □供养亲属抚恤金 | | | | | | | | | | | | | | | | | |
| 医疗待遇 | □医疗费 □辅助器具费 | | | | | | | | | | | | | | | | | |
| 受理票据金额（ ） 票据张数（ ） | | | | | | | | | | | | | | | | | |
| 供养亲属信息 | 姓名 | 公民身份号码(社会保障号） | | | | | | | | | 供养关系 | | | 是否孤寡老人或孤儿  （勾选√） | | | 移动电话 | | |
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| 发放方式： □单位发放 □社保卡发放 | | | | | | | | | | | | | | | | | | | |
| 本单位/本人承诺，所填写内容和提供材料真实准确有效，否则承担相应的法律责任。 | | | | | | | | | | | | | | | | | | | |
| 单位（盖章）/承诺人（签名） | | | | | | | | | | | | | | | | | | | |
|  |  | 年 月 日 | | | | | | | | | | | | | | | | | |

单位经办人： 联系电话：