工程建设项目工伤保险参保登记表

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| 单位全称 |  | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 单位经办人姓名 |  | | | | | | | 移动电话 | | | |  | | | | | | |
| 承建单位全称 |  | | | | | | | | | | | | | | | | | |
| 项目编号 |  | | | | | | 项目名称 | | | | | |  | | | | | |
| 开工日期 |  | | | | | | 竣工日期 | | | | | |  | | | | | |
| 工程造价 |  | | | | | | 工伤费率 | | | | | |  | | | | | |
| 所属区划 |  | | | | | | 用工人数 | | | | | |  | | | | | |
| 承建单位联系人 |  | | | | | | 移动电话 | | | | | |  | | | | | |
| 本单位承诺，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)  年 月 日 | | | | | | | | | | | | | | | | | | |