**โครงการคัดเลือก “แม่ดี-บุคลากรเด่น” ประจำปี ................**

**ข้อมูลบุคลากรที่เสนอชื่อเป็น “แม่ดี-บุคลากรเด่น” ของคณะ/สถาบัน/สำนัก/ศูนย์/วิทยาลัย**

ชื่อ-นามสกุล................................................................................................................................ อายุ.................................ปี

ตำแหน่ง................................................................................สังกัดงาน/ภาควิชา....................................................................

คณะ/สถาบัน/สำนัก/ศูนย์/วิทยาลัย.................................................................................โทรศัพท์........................................

เงินเดือน......................................................................บาท เงินรายได้อื่น (ถ้ามี) ...................................................................

บุตร-ธิดา โดยสายเลือด บุตร...........................คน ธิดา..................................คน

บุตร-ธิดา ของคู่สมรส (ถ้ามี) บุตร...........................คน ธิดา..................................คน

1. ชื่อ-นามสกุล........................................................................................................................... อายุ.................................ปี

กำลังศึกษาชั้น............................................................สถานศึกษา...........................................................................................

ทำงานแล้ว สถานที่ทำงาน......................................................................................................................................................

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2. ชื่อ-นามสกุล........................................................................................................................... อายุ.................................ปี

กำลังศึกษาชั้น............................................................สถานศึกษา...........................................................................................

ทำงานแล้ว สถานที่ทำงาน......................................................................................................................................................

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3. ชื่อ-นามสกุล........................................................................................................................... อายุ.................................ปี

กำลังศึกษาชั้น............................................................สถานศึกษา...........................................................................................

ทำงานแล้ว สถานที่ทำงาน......................................................................................................................................................

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4. ชื่อ-นามสกุล........................................................................................................................... อายุ.................................ปี

กำลังศึกษาชั้น............................................................สถานศึกษา...........................................................................................

ทำงานแล้ว สถานที่ทำงาน......................................................................................................................................................

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(พลิกหน้า 2)

แนวคิดในการดูแลบุตร-ธิดา....................................................................................................................................................

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การปฏิบัติหน้าที่ราชการลักษณะงาน......................................................................................................................................

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ผู้บังคับบัญชาหรือเพื่อนร่วมงานที่รู้จักและคุ้นเคยกับผู้เสนอ (3 คน)

1. ชื่อ-นามสกุล..................................................................สังกัด..............................................................โทร. .....................

2. ชื่อ-นามสกุล..................................................................สังกัด..............................................................โทร. .....................

3. ชื่อ-นามสกุล..................................................................สังกัด..............................................................โทร. .....................

ลงชื่อ...................................................................(เจ้าของรายละเอียด)

ความเห็นผู้บังคับบัญชาเบื้องต้น

(กรุณาชี้ให้เห็นถึงความอันควรได้รับการยกย่องเป็น “แม่ดี-บุคลากรเด่น”)

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 ลงชื่อ...........................................................ผู้บังคับบัญชาชั้นต้น

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