ภาพจริงปัจจุบัน

ขนาด ๒ นิ้ว

ภาพสี

**แบบกรอกประวัติและผลงาน**

**อาจารย์และนิสิตนักศึกษาแพทย์ที่ได้รับการเสนอชื่อ**

**เข้ารับโล่เกียรติคุณ ด้านคุณธรรม จริยธรรม แพทยสภา**

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 **๑. กลุ่มอาจารย์แพทย์**

 **๒. กลุ่มนิสิตนักศึกษาแพทย์** ชั้นปีที่........... หลักสูตร................................... ผลการเรียนสะสม....................

**ตอนที่ ๑ ประวัติส่วนตัว**

 **๑.** ชื่อ-สกุล..........................................................................................................................................................................

 ตำแหน่งทางวิชาการ............................................................................................................................................................

 ระดับ....................................................................................................................................................................................

 สังกัด...................................................................................................................................................................................

 เลขที่ใบอนุญาตประกอบวิชาชีพเวชกรรม...........................................................................................................................

 ตำแหน่งบริหารปัจจุบัน.......................................................................................................................................................

 ตำแหน่งอื่นๆที่สำคัญ...........................................................................................................................................................

 **๒.** เลขประจำตัวประชาชน..................................................................................................................................................

 **๓.** วัน เดือน ปีเกิด............................................................................................ อายุ.......................ปี.........................เดือน

 **๔.** อายุราชการ/อายุการปฏิบัติงาน.............ปี...............เดือน

 **๕.** วุฒิการศึกษา

 **-** ระดับมัธยมศึกษาตอนปลาย......................................................................... จังหวัด........................................................

 ปีการศึกษา........................................................................................................................................................................

 - ระดับแพทยศาสตร์บัณฑิต........................................................................... จังหวัด........................................................

 ปีการศึกษา.......................................................................................................................................................................

 - ระดับปริญญาเอก/แพทย์ผู้เชียวชาญด้าน.........................................................................................................................

 จาก....................................................................................................... ประเทศ..............................................................

 ปีการศึกษา.........................................................................................................................................................................

 **๖.** สถานที่ทำงานในปัจจุบัน/สถานศึกษาปัจจุบันชั้นปีที่......................................................................................................

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 ตำบล/แขวง............................................................................. อำเภอ/เขต..........................................................................

 จังหวัด..................................................................................... รหัสไปรษณีย์.......................................................................

 โทรศัพท์................................................................................... โทรสาร................................................................................

 **๗.** ปัจจุบันพักอยู่บ้านเลขที่…………………….............…… หมู่........................... ถนน..............................................................

 ตำบล/แขวง............................................ อำเภอ/เขต .................................................. จังหวัด...........................................

 รหัสไปรษณีย์............................................................................ มือถือ..................................................................................

 E-mail address...................................................................................................................................................................

**ตอนที่ ๒ ประวัติการทำงานสำหรับอาจารย์แพทย์**

 **๑.** เริ่มทำงาน/รับราชการหรือพนักงาน เมื่อวันที่................... เดือน........................................ พ.ศ.............................

 ตำแหน่ง............................................................................. สังกัด...........................................................................

 **๒.** ประวัติและตำแหน่งในอดีต

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**ตอนที่ ๓ ผลงานที่เห็นได้เป็นประจักษ์ทางด้านคุณธรรมจริยธรรม / ผลงานที่สำคัญดีเด่นและภาคภูมิใจ**

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**และแนบเอกสารผลงานหรือรางวัล**

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 **(ลงชื่อ) ........................................................ ผู้สมัคร**

 **(.......................................................)**

 วันที่ .......... / ......................... / ..............

**ตอนที่ ๔ คำรับรองจากคณบดี/ผู้แทนสถาบัน**

๔

* **การประพฤติปฏิบัติตน**

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 **(ลงชื่อ) ........................................................ ผู้รับรอง**

 **(.......................................................)**

 ตำแหน่ง คณบดี/ผู้อำนวยการ/ผู้แทนสถาบัน ............................................................................

 วันที่ .................. / ................................ / .................