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 .................. / ................................ / .................