**แบบแสดงผลสัมฤทธิ์ของงานอันเป็นที่ประจักษ์ในความสามารถ**

(ผลการปฏิบัติราชการย้อนหลังไม่น้อยกว่า 3 ปี)

**ชื่อ - นามสกุล**.......................................................................................................................................................................

**ตำแหน่ง**..........................................................................................**สังกัด**..............................................................................

**ปีงบประมาณ พ.ศ. 2563**

1. ชื่อและสาระสำคัญของผลงานโดยสรุป……………………………………………………………………………………………………….

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2. ความรู้ ความสามารถ ทักษะและสมรรถนะที่ใช้ในการปฏิบัติงาน............................................................................

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 3. ประโยชน์ของผลงาน................................................................................................................................................

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**ปีงบประมาณ พ.ศ. 2564**

1. ชื่อและสาระสำคัญของผลงานโดยสรุป……………………………………………………………………………………………………….

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2. ความรู้ ความสามารถ ทักษะและสมรรถนะที่ใช้ในการปฏิบัติงาน............................................................................

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 3. ประโยชน์ของผลงาน................................................................................................................................................

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**ปีงบประมาณ พ.ศ. 2565 - ปัจจุบัน**

1. ชื่อและสาระสำคัญของผลงานโดยสรุป……………………………………………………………………………………………………….

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2. ความรู้ ความสามารถ ทักษะและสมรรถนะที่ใช้ในการปฏิบัติงาน............................................................................

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 3. ประโยชน์ของผลงาน................................................................................................................................................

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**ข้าพเจ้าขอรับรองว่าผลงานข้างต้นเป็นความจริงทุกประการ**

 **(ลงชื่อ)** ............................................................. **เจ้าของผลงาน**

 (..............................................................)

 **ตำแหน่ง** ...............................................................

 **วันที่** ..............................................................

**ความเห็นของผู้บังคับบัญชาชั้นต้น (โปรดระบุ)**

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 **(ลงชื่อ)** ............................................................. **ผู้บังคับบัญชาชั้นต้น**

 (...........................................................)

 **ตำแหน่ง** .............................................................

 **วันที่** ..........................................................

**ความเห็นของผู้บังคับบัญชาเหนือขึ้นไป 1 ระดับ (โปรดระบุ)**

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 **(ลงชื่อ)** ........................................................ **ผู้บังคับบัญชาเหนือขึ้นไป 1 ระดับ** (.......................................................)

 **ตำแหน่ง** ...........................................................

 **วันที่** .........................................................

หมายเหตุ : ใช้แบบอักษรพิมพ์ TH SarabunIT ๙ ขนาด 16 พอยท์ จำนวนไม่เกิน 10 หน้ากระดาษ A4