| **ที่** | **ชื่อ-สกุล** | | **งานที่สามารถรับการตรวจได้** | | | **วันที่รับรอง** | **หมายเหตุ** |
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| **ฝึกอบรม** | **โครงการ** | **ทดสอบ** |
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