**แบบแจ้งรายชื่อผู้ประสานงานระบบติดตามและประเมินผลแห่งชาติ (eMENSCR)**

**ของจังหวัด/กลุ่มจังหวัด (Focal Point)**

**-----------------------------------------------------------------**

**จังหวัด/กลุ่มจังหวัด**.........................................................................................................

**๑. ชื่อ/สกุล** ........................................................................... **ตำแหน่ง**...................................................................ระดับชำนาญการพิเศษ

**สังกัด** ..............................................................................................

**โทรศัพท์** .........................................................................................

**โทรสาร** ...........................................................................................

**โทรศัพท์มือถือ** ................................................................................

**อีเมล** ...............................................................................................

**LINE ID** ………………………………….………………….………….................

**๒. ชื่อ/สกุล** ........................................................................... **ตำแหน่ง**...................................................................**ระดับ**................................................................................................

**สังกัด** ..............................................................................................

**โทรศัพท์** .........................................................................................

**โทรสาร** ...........................................................................................

**โทรศัพท์มือถือ** ................................................................................

**อีเมล** ...............................................................................................

**LINE ID** ……………………………………………………..………….................