**แบบฟอร์มรายงานผลการสำรวจความต้องการ/ ปัญหาของผู้ประกอบการ**

(สำหรับผู้เชี่ยวชาญในโครงการ)

**ส่วนที่ 1 ข้อมูลผู้ประกอบการ**

ชื่อกิจการ (ไทย) : .......…………………………......……………………………………………………………………………………………..…………

ชื่อกิจการ (อังกฤษ) : …………………………………………………………………………………………………………………………..….………….

ที่ตั้ง เลขที่..........................หมู่...............ซอย..........................................ถนน......................................................................

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

รหัสไปรษณีย์..................................โทรศัพท์................................................โทรสาร...........................................................

E-mail……………………………………………………………………Website…………………………………..……………………………………….

ผู้ประสานงานโครงการ..............................................................ตำแหน่ง..................................................................

โทรศัพท์มือถือ................................................................. โทรศัพท์สำนักงาน..................................................................

E-mail……………………………………………………………………..............................................................................………………

**ส่วนที่ 2 ข้อมูลผู้เชี่ยวชาญ/ที่ปรึกษาโครงการ**

ประวัติ/ข้อมูลส่วนตัว

ชื่อ-นามสกุล (นาย, นาง, นางสาว).......................................................................................................................................

หน่วยงานต้นสังกัด : ............................................................................................................................................................

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ตำแหน่งงาน.........................................................................................................................................................................

วุฒิการศึกษา ❑ ปริญญาเอก ❑ ปริญญาโท ❑ ปริญญาตรี

ตำแหน่งทางวิชาการ (ถ้ามี) ❑ ศาสตราจารย์ ❑ รองศาสตราจารย์ ❑ ผู้ช่วยศาสตราจารย์ ❑ ดร.

ที่อยู่หน่วยงานต้นสังกัด : ..........................................................................................................................................

หมู่ที่..............ซอย.....................................................ถนน..........................................ตำบล/แขวง.............................

อำเภอ/เขต.....................................จังหวัด................................................รหัสไปรษณีย์……………………................…..

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

❑ อื่นๆ ระบุ.......................……………………………………………………………………...................................................................

**ส่วนที่ 3 ข้อมูลประกอบการวิเคราะห์**

* 1. ระบุปัญหาหรือความต้องการของผู้ประกอบการ (โดยละเอียด)

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* 1. ลักษณะการดำเนินงานในปัจจุบันที่ก่อให้เกิดปัญหา

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* 1. วิเคราะห์แนวทางการดำเนินการแก้ไขปัญหา

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* 1. วิเคราะห์ความเป็นไปได้ในการดำเนินการแก้ไขปัญหา มากน้อยเพียงไร

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ผู้ตรวจประเมินผู้ประกอบการ

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

วัน / เดือน / ปี