



Republic of the Philippines  
 Department of Science and Technology  
**PHILIPPINE NUCLEAR RESEARCH INSTITUTE**



21 February 2018

**RELEASED**  
 MAR 28 2018

DEPED-CAR Time: \_\_\_\_\_

**Subject: Invitation to participate in the Seminar on Nuclear Science for Teachers, April 16 – May 11, 2018.**

Sir/Madam:

The Nuclear Training Center (NTC) of the Philippine Nuclear Research Institute (PNRI) will hold the Seminar on Nuclear Science for Teachers (SNST) from 16 April - 11 May 2018. The lectures will be conducted within the premises of the PNRI in Diliman, Quezon City.

In this connection, we would like to invite your qualified staff to participate in the abovementioned course. Please find the enclosed Application Form and Information Bulletin containing the details of the course.

Interested participants should submit the requirements of the course not later than Monday, 2 April 2018 to:

Nuclear Training Center  
 Philippine Nuclear Research Institute  
 Commonwealth Avenue, Diliman, Quezon City  
 Tel. No.: 9296011-19 local 236; Telefax: 9208788; 9201646  
 Email: ntc@pnri.dost.gov.ph

Very truly yours,

**SOLEDAD S. CASTAÑEDA, Ph. D.**  
 Officer-in-Charge



Republic of the Philippines  
 Department of Education  
**CORDILLERA ADMINISTRATIVE REGION**  
 Wangal, La Trinidad, Benguet



March 26, 2018

To: Schools Division Superintendents  
 All Divisions

For information and dissemination.

*M.B. Eclar*  
**MAY B. ECLAR, Ph.D., CESO V**  
 Officer-in-Charge  
 Office of the Regional Director

HRDD/mbg

## APPLICATION FOR TRAINING COURSE



**NUCLEAR TRAINING CENTER**  
**PHILIPPINE NUCLEAR RESEARCH INSTITUTE**  
 Commonwealth Avenue, Diliman, Quezon City  
 Telephone No.: 929-60-11 to 19 local 236      Telefax: 920-87-88  
 E-mail: ntc@pnri.dost.gov.ph

Course Title:   Course Duration:		Recent 1" x 1" ID picture		
Surname	First Name	Middle Name	Sex	Status
Date of Birth	Place of Birth	Nationality		
Name of Office and Address		Home Address		
Telephone Number:		Telephone Number:		
E-mail:		E-mail:		
Position				
Brief Description of Work				
Educational Attainment				
Degree: _____ School: _____ Year Graduated: _____				
Others _____				
Honors and Distinctions				
Training and Experience in Research (state nature and duration)				
Scientific Publications		Membership in Technical Societies		
Nucleonic instruments available or will be available in your organization				
Brief statement of purpose in applying for the course				
_____ Date		_____ Signature		

## MEDICAL CERTIFICATE

*NOTE: To be completed by a registered medical practitioner after thorough clinical and laboratory examination including chest x-ray.*

Name of Candidate

Sex

Status

Is the person examined at present in good health and enjoying full work capacity?

Is the person examined able physically and mentally to undergo training?

Is the person examined free from infectious diseases which could present risks for both the candidate and his contacts during his training?

Does the person examined have any condition or defect which might require treatment during his training?

Full Name and Address of Examining Physician

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Examining Physician



DEPED REGION

For the Payroll Month of March 2018

Name of Station: Regional Office Proper

Total No. of Employees in the Payroll: \_\_\_\_\_

Deduction Code	Name of Entity	With Deducted Obligations		With Undeducted Obligations			
		No. of Employees*	No. of Deductions	Amount of Deductions	No. of Employees*	No. of Deductions	Amount of Deductions
TOTAL							

\* The total number of employees with Deducted and Undeducted Obligations should be a distinct count of the employees, and not the total of the figures in the column. An employee may have multiple payroll deductions, but should only be counted once in the total.

Prepared by: \_\_\_\_\_

Certified correct: \_\_\_\_\_

NAME  
 Head of Payroll Services Unit\*\*

NAME  
 Chief Administrative Officer\*\*  
 Administrative Division\*\*

\*\* The positions and office may be revised based on the personnel/officers who prepared and checked this report.

Annex A-3  
For Schools Divisions - One Report per Division

**DEPED REGION**

For the Payroll Month of March 2018

Name of Station: Schools Division of

Total No. of Employees in the Payroll: \_\_\_\_\_

Deduction Code	Name of Entity	With Deducted Obligations		With Undeducted Obligations		
		No. of Employees*	No. of Deductions	Amount of Deductions	No. of Deductions	Amount of Deductions
<b>TOTAL</b>						

\* The total number of employees with Deducted and Undeducted Obligations should be a distinct count of the employees, and not the total of the figures in the column. An employee may have multiple payroll deductions, but should only be counted once in the total.

Prepared by: \_\_\_\_\_

Certified correct: \_\_\_\_\_

NAME \_\_\_\_\_

Head of Payroll Services Unit / Payroll Officer\*\*

NAME \_\_\_\_\_

Chief Administrative Officer\*\*  
Administrative Division\*\*

\*\* The positions and office may be revised based on the personnel/officers who prepared and checked this report.

