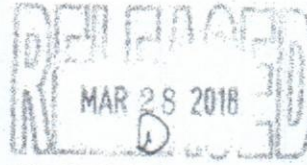
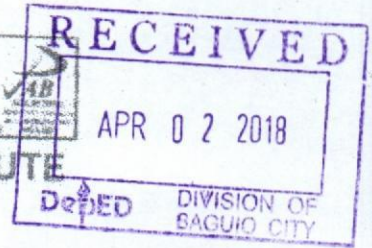




Republic of the Philippines
Department of Science and Technology

PHILIPPINE NUCLEAR RESEARCH INSTITUTE

21 February 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.

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

To: All School Administrators, Principals & Teachers In-Charge
(Elementary & Secondary)

FOR YOUR INFORMATION & APPROPRIATE ACTION

FEDERICO P. MARTIN, Ed.D, CESO VI
Schools Division Superintendent

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:		Recent 1" x 1" ID picture	
Course Duration:			
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

