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

RECEIVED
APR 0 2 2018
DepED DIVISION OF BAGUIO CITY

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.

MAY B. ECLAR, Ph.D., CESO V
Officer-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: 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 Telephone Number: E-mail:		Home Address Telephone Number: 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

Annex A-1
Summary for the Region

DEPED REGION _____
For the Payroll Month of March 2018

SUMMARY
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:

_____
NAME
Chief Administrative Officer
Administrative Division

Certified correct:

_____
NAME
REGIONAL DIRECTOR

Annex A-2
For the Regional Office Proper

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:

_____
NAME
Head of Payroll Services Unit**

Certified correct:

_____
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 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:

_____

NAME

Head of Payroll Services Unit / Payroll Officer**

Certified correct:

_____

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-4

For IU Secondary Schools - One Report per IU School

DEPED REGION _____

For the Payroll Month of March 2018

Name of Station: (Name of Implementing Unit Secondary School), 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 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:

_____

NAME

Payroll Officer**

Certified correct:

_____

NAME

School Head**

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