

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME			
FIRST NAME		NAME EXTENSION (JR., SR)	
MIDDLE NAME			
3. DATE OF BIRTH (mm/dd/yyyy)		16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)		ZIP CODE	
8. WEIGHT (kg)			
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.		ZIP CODE	
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.			
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.		20. MOBILE NO.	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME			
FIRST NAME	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
25. MOTHER'S MAIDEN NAME			
SURNAME			
FIRST NAME			
MIDDLE NAME			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
-----------	--	------	--

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.											
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: _____</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: _____</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: _____</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px; vertical-align: bottom; padding: 2px;">Signature (Sign inside the box)</td> </tr> <tr> <td style="padding: 2px;">Date Accomplished _____</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished _____					
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: _____													
ID/License/Passport No.: _____													
Date/Place of Issuance: _____													
Signature (Sign inside the box)													
Date Accomplished _____													
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>With full and handwritten name tag and signature over printed name</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <div style="border: 1px solid black; height: 80px; margin-bottom: 10px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px; font-size: 8px;">Right Thumbmark</div> </div> <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; height: 40px; margin: 10px auto; width: 300px;"></div> <p style="text-align: center; margin-top: 5px;">Person Administering Oath</p>													

FORM II: APPLICANT'S DATA SHEET

(This Form II serves as your guide in presenting your personal information and performance outputs in the last five (5) years, in the order indicated below. You may use additional sheets, if necessary).

CANDIDATE: _____

PRESENT POSITION: _____ ITEM NO.: _____

SECTION: _____ DIVISION: _____

POSITION APPLIED FOR: _____ ITEM NO.: _____

SECTION: _____ DIVISION: _____

A. EDUCATION AND TRAINING

1) COMPLETED EDUCATION

Course	School Attended	Inclusive Dates
High School:		
College:		
Graduate Diploma:		
Master's Degree:		
Doctorate Degree:		

2) INCOMPLETE DEGREES

Course	School Attended	Total Units Required	Units Earned	Inclusive Dates
BS				
MS				
Ph.D.				

3) OTHER INDICATORS

a. Top-notch (Rank 1-10)

Rank: _____
Board Exam Taken: _____

Inclusive Date(s): _____

b. Honor Graduate (e.g. Cum laude)

c. Additional degree(s) taken:

Course	School Attended	Inclusive Dates
Master's Degree		
Ph.D.		

TRAINING/WORKSHOP ATTENDED: (Pls. attach proof of attendance (certificates, certificate of appearance, attendance sheet, etc.)

Title	Venue and Inclusive Dates	Conducted by:
1.		
2.		
3.		
4.		

SEMINAR/FORUM/CONVENTION/CONFERENCE ATTENDED: (Pls. attach proof of attendance (certificates, certificate of appearance, attendance sheet, etc.)

Title	Venue and Inclusive Dates	Conducted by:
1.		
2.		
3.		
4.		

B. RELEVANT EXPERIENCE (For ITDI employees, pls. attach service record)

Position	Company/Agency	Section/Division	Inclusive Dates
1.			
2.			
3.			
4.			

C. PERFORMANCE (last 5-year Satisfactory Outputs, attach supporting documents, and use additional sheets if necessary)

1. Approved Project Proposals (not more than 5 authors)

Title of Project	Year Proposed	Project Cost	Involvement (e.g., author, co-author, or mentor *)
A. Regular Projects			
1.			
2.			
3.			
4.			
5.			

* For regular projects, supervisors will get credit points for mentoring research staff

Title of Project	Year Proposed	Project Cost	Involvement (e.g., author, co-author)
B. Assisted Projects			
1.			
2.			
3.			
4.			
5.			

2. Completed Research Projects

Title of Project	Project Duration (inclusive dates)	Involvement (%)

A. As Project Leader		
1.		
2.		
3.		
4.		
5.		
B. As Project Staff/Member		
1.		
2.		
3.		
4.		
5.		

3. Research Outputs (Scientific / Technical Paper)

Title of Paper	Name of Technical Journal	Year Published
Individual		
1.		
2.		
3.		
Group		
Main Author		
1.		
2.		
3.		
Co-Author		
1.		
2.		
3.		

4. Technical Services

Output	Number
Test and Analyses (man-months)	
Method Validation	
Proficiency Testing	
Certified Reference Material Production	
Capability Building of New Testing Services	
Formula of Conversion	
Technical Test Procedure (man-months)	

Calibration / Measurement (man-months)	
Packaging	
Label Design	
Nutrition Facts Evaluation	
Identification of Plastic	
Transport Packaging Test	
Migration Tests	
Film	
Finished Packages	
Oxygen Transmission/ Water Vapor Transmission Rate	
Environmental Technology Verification	
Test Plan Preparation	
Test Plan Implementation	
Cleaner Production	
Energy Audit	
Review of Project Proposal	
Special Projects (under CL, MOA, MOU, etc.)	
Short Term (3 months & below)	
Long Term (over 3 months)	

5. Technology Diffusion and Transfer

Output	Number
Speaker (research output and other relevant topics)	
Training	
1. Lecture / Demonstrations	
2. Training Organized / Coordinated	
3. Production of Training Modules	
Technical Service Organized/ Coordinated/ Rendered	
1. Use of facilities / Consultancy (man-months)	
2. BOP/Techno and IP Valuation	
3. Feasibility	
4. TLA / MOA	
5. Layout Design	
6. Technical Inquiry	
Social Marketing	
1. Exhibit	
2. Press Release	
3. Radio / TV Interview	
4. Technology Fora/Consultative Meeting with	
Industry	

6. ISO (Process, Documentation, Internal Audit)

	Duration	Inclusive Dates
Process		
Documentation		
Internal Audit		

7. Other Performance Points

a. Awards and Honors Received (indicate title and rank)

Level	Group		Individual	
	Title & Rank	Year	Title & Rank	Year
International	1.		1.	
	2.		2.	
	3.		3.	
National	1.		1.	
	2.		2.	
	3.		3.	
Department	1.		1.	
	2.		2.	
	3.		3.	
Agency	1.		1.	
	2.		2.	
	3.		3.	
Division	1.		1.	
	2.		2.	
	3.		3.	

b. Commercialized Technology

Technology	Nature of Commercialization (e.g., licensing, outright sale, or spin-off)	Name of Adopting Company	Year Commercialized

c. Intellectual Property (IP)


Patent	Name of Technology	Patentee(s)	Year Granted
Invention			
Utility Model			
Industrial Design			

d. Special Assignments

Assignment	Specifics	Duration (Inclusive Dates)
OIC	Position & Unit	
SDO	Amount per Disbursement	
Committees (Refer to List of Committees)		
1. Chair	Name of Committee(s)	
2. Member	Name of Committee(s)	
Others	Describe Details	

8. For Administrative Division, Finance Management Division, Planning and Management Information Services Division, and units/non-technical R&D personnel such as Science Aide, Science Research Assistant, and Technicians whose work volumes are primarily determined by outside sources like clients, superiors, etc., submit accomplishment reports, copy of IPCR, and other supporting documents.

STD Customer Information Sheet

	STANDARDS AND TESTING DIVISION	GP 4.4-01-F01
	CUSTOMER INFORMATION SHEET	Page 1 of 1 Revision No.: 0 22 February 2016

BACK PAGE

TEST REQUEST DETAILS		
Sample Description (Required)		
Date and Time Collected/ Manufactured/ Packaged		
Quantity of Sample (Required)		
Test(s) Requested (Required)		
Purpose of Test (Required)		
Other relevant information about the samples/ special instructions		
Preferred Mode of Release of Test Report (Required)	<input type="checkbox"/> Pick-up	<input type="checkbox"/> Email Transmittal
	<input type="checkbox"/> Courier	<input type="checkbox"/> Fax Transmittal
	If Courier, address to:	

To be filled up by the Validator	
TSR No.	Date Validated
Validator's Name and Signature	Report Due Date



Department of Science and Technology - Industrial Technology Development Institute

STANDARDS AND TESTING DIVISION

DOST Compound, Gen. Santos Ave., Bicutan, Taguig City

Contact No. (02)837-2071 loc. 2188, 2189 (Receiving and Releasing Unit)

loc. 2198 (Office of the Chief); std@itdi.dost.gov.ph



Technical Service Request

GP 4.4-01-F03
Rev 04 | 20 Sep 2019

TSR No.:
Date:
Time:

CUSTOMER: ADDRESS:	TEL NO.: EMAIL: MOBILE NO.:
-----------------------	-----------------------------------

1. TESTING SERVICES

SAMPLE	SAMPLE CODE	TEST REQUESTED	TEST METHOD	TEST FEE	NO. OF SAMPLES/ UNITS	TOTAL
					Sub-Total	
					Discount	
					TOTAL	

2. DESCRIPTION OF SAMPLE

--

3. REMARKS

OR. NO.:	AMOUNT RECEIVED:	Discount Details(if applicable):	Validity:
DATE:		ID Presented:	ID No:

REPORT DUE ON:	If Courier, address to:
MODE OF RELEASE:	

DISCUSSED WITH CUSTOMER		
None payment of this Technical Service Request shall be considered cancelled on the due date given. "NO PAY NO TEST" policy. The Customer read and understood the "TERMS AND CONDITIONS", at the back of this page.		
Return sample after testing: YES [/] NO []		
I have agreed to the details including the Terms and Conditions (please see back page) stated in this Technical Service Request.		
CONFORME:	Sample/s Received by:	Sample/s Reviewed by:
Customer/Authorized Representative	Validator	Laboratory/Section Head (or Deputy)


**NATIONAL METROLOGY LABORATORY
OF THE PHILIPPINES**
Providing International Traceability to Measurements in the Country


A division of ITDI under DOST

Date: _____

Section	Validated by	Due Date	Encoded by	Released by	TSR No.
---------	--------------	----------	------------	-------------	---------

1. Name of Requesting Individual/Institution		4. Type of Industry	
2. Address		Product/Service Line	
Contact No.		5. Requesting Official (signature over printed name)	
3. Purpose of Technical Service Request		Position	
		6. Sample brought by (signature over printed name) if different from Requesting Official	

IMPORTANT NOTICE TO THE CUSTOMER

Samples submitted for calibration and their Certificate of Calibration will be released only:

- to the person who brought the sample otherwise authorization is required
- upon presentation of **originals** (not photocopies) of Customer's copy (green copy) of the *Technical Services Request Form (F5.8.1 v2)* bearing the particulars of payment made, Customer's copy of the *Control Pass for Customer's Property (F5.8.3)* verified and signed by ITDI's Guard-On-Duty, and a valid identification.

A duly notarized Affidavit of Loss must be presented if any of the above forms is lost
7. Equipment/Sample Description (MUST include relevant information such as manufacturer, model, serial #s, quantity, etc., wherever applicable)

8. Special Request or Instructions, if any

9. Conformance I understand that the NML will carry out the services on the basis set out in this request. I also understand that the above mentioned equipment/sample(s) are still subject to further evaluation for any non-conformance or defect and that NML reserves the right to return the equipment/sample(s) if found unsuitable for calibration and to refuse its release if the customer lacks proper documentation.

(Customer signature over printed name)

To be filled out by NML Staff

A. Particulars of Services Offered (Test or calibration, test points, test methods, etc.)

Type of Service: () On Site () Base Laboratory

B. Task Assigned to (printed name and section)

C. Task Assigned by (signature over printed name)

Date

Payment Particulars (in Php):

Service Fee	_____
Surcharge	_____
Amount Due	_____
Amount Paid	_____
Balance	_____
Date of Payment	_____
Official Receipt No.	_____
Cashier	_____

Task Particulars:

Man-Hours	_____
Travel Hours	_____
No. of Services	_____
Performed by	_____
Date Started/Calibrated	_____
Date Reported	_____

INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE
TECHNOLOGICAL SERVICES DIVISION
DOST COMPOUND, BICUTAN, TAGUIG CITY
Tel. Nos. 837-2071 to Local 2270/2269
Telefax No. 837-6156
E-mail address: tsd_training@itdi.dost.gov.ph

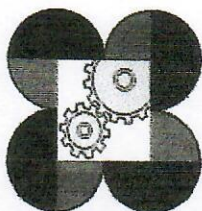


TRAINING RESERVATION FORM

NAME : _____
NICKNAME : _____
COMPANY : _____
COMPANY ADDRESS : _____
COMPANY TEL./FAX NO. : _____ MOBILE NO. : _____
HOME ADDRESS : _____
EDUCATIONAL ATTAINMENT : _____
POSITION/DESIGNATION : _____ E-MAIL ADD.: _____
TITLE OF TRAINING : _____
DATE OF TRAINING : _____
PURPOSE OF ATTENDING : _____

Registration Information:

- ❖ TRAINING RESERVATIONS WILL BE ON A **"FIRST-COME, FIRST-SERVED BASIS"**.
- ❖ PARTICIPANT WILL BE CALLED FOR CONFIRMATION AND FULL PAYMENT SHOULD BE DONE THEREAFTER.
- ❖ FULL PAYMENT MUST BE MADE TO:
 - ANY LANDBANK BRANCH, ONE WEEK BEFORE THE TRAINING DATE.
ACCOUNT NAME: ITDI TRAINING
ACCOUNT NUMBER: 1822-1028-63
BRANCH: LAND BANK BICUTAN
 - OFFICIAL RECEIPT WILL BE ISSUED UPON REGISTRATION ON THE 1ST DAY OF TRAINING
 - ITDI CASHIER
 - OFFICIAL RECEIPT WILL BE ISSUED UPON PAYMENT
- ❖ WALK-IN PARTICIPANT IS NOT ALLOWED DURING TRAINING.
- ❖ TRAINING FEE COVERS EXPENSES FOR SUPPLIES AND MATERIALS, USE OF FACILITIES, MEALS, HAND-OUTS AND CERTIFICATES.
- ❖ CERTIFICATES WILL BE GIVEN TO THE PARTICIPANTS.
- ❖ ITDI RESERVES THE RIGHT TO CANCEL ANY OF ITS TRAINING PROGRAMS DUE TO UNFORESEEN CIRCUMSTANCES.



Republic of the Philippines
Department of Science and Technology
INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE
DOST Compound, Gen. Santos Ave., Bicutan, Taguig City, Metro Manila
Tel. Nos. 837-2071 to 82; Telefax Nos. 837-3167; 837-6150
<http://www.itdi.dost.gov.ph>



Management
System
ISO 9001:2015

www.tuv.com
ID 9108635715



MOA/CL Ref. No.: _____

LETTER OF REQUEST FOR TECHNICAL SERVICES

Date: _____

Dr. ANNABELLE V. BRIONES
Office of the Director

Madam:

I would like to request for ITDI technical service/s (pls. specify/describe) _____

Very truly yours,

Printed Name & Signature of Customer

=====

REQUEST FOR TECHNICAL SERVICES

A. CUSTOMER DATA

(to be filled up by the requesting party)

Name/Company/School: _____

Classification: () Government () Private () Academic () Others, specify _____

Industry: _____ Sub-sector: _____

Nature of Business: _____ Year started: _____

Requesting Party _____ Designation: _____

Office/School Address: _____

Plant Address (if any): _____

Title of Thesis (if applicable): _____ Course: _____ Level: _____

Tel. No.: _____ Fax No.: _____ Mobile No.: _____

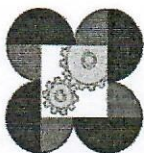
Website: _____ Email Address: _____

Printed Name & Signature of Customer: _____ Date of Request: _____

Notes:

1. Fill up this form for every request for Technical Service with Conforme Letter (CL) or Memorandum of Agreement (MOA).
2. Fill up applicable data for walk in / telephone / internet inquiries.

Form: ITDI F1
Issue: Nov. 2011



Republic of the Philippines
Department of Science and Technology
INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE
DOST Cpd., General Santos Ave., Bicutan, Taguig City
Tel. Nos. : 837-2071 to 82 (DOST Trunklines) Telefax No.: 837-3167
<http://www.itdi.dost.gov.ph>



Management
System
ISO 9001:2015
www.tuv.com
ID 3109035715



FOI REQUEST FORM (Customer Copy)

Date: _____ Request Reference No.: _____

Name: _____ Contact No.: _____

Address: _____

ID Presented: _____ ID No.: _____

Document Requested: _____

Purpose: _____

Received by: _____
FOI Receiving Officer

FOI REQUEST FORM (ITDI Copy)

Date: _____ Request Reference No.: _____

Name: _____ Contact No.: _____

Address: _____

ID Presented: _____ ID No.: _____

Document Requested: _____

Purpose: _____

For FOI Receiving Officer Only

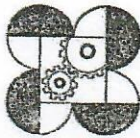
Type of Document: _____

Mode of Request: _____

Request Forwarded to: _____

Remarks: _____

Received by: _____
FOI Receiving Officer



Republic of the Philippines
Department of Science and Technology
INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE
DOST Compound., General Santos Ave., Bicutan, Taguig City
Tel. Nos. : 837-2071 to 82; Telefax No.: 837-3167; 837-6150
<http://www.itdi.dost.gov.ph>

REQUEST FOR TECHNICAL SERVICES
(with standardized fees)

Clearance box

RESEARCHER	DIVISION CHIEF	TSD	CASHIER	DUE DATE	REQUEST REFERENCE NUMBER
Date:	Date:	Date:	Date:	Date:	Date:

This block to be filled up by the Customer:

Company /Institution _____	
Address and Telephone No. _____	
Requesting Official, name in print: _____	
Designation: _____	Signature: _____
Sample brought by: _____	Signature: _____
Sample: Description: (Exclude those not evident on sample submitted) _____	
Identifying Marks: _____	
Quantity: _____	
Other supplies/materials/chemicals submitted:	
Description	Quantity
Specific test/analysis/service required _____	
Customer Profile: () Government () NGO () Academe () Private Mfr () Private Service Company () Individual () Others (specify) _____	
Purpose of requested service: _____	

REMARKS

This block to be filled up by ITDI

Amount Due		Amount Paid	Official Receipt No.	Date
Fees/Charges: _____		_____	_____	_____
Job assigned to: (Pls. List down names of all personnel)				
1 _____				
2 _____				
3 _____				
4 _____				
Signature of Activity Leader : _____		Date received: _____		

Notes:

1. To be accomplished in 4 copies (1-Cashier, 2-Customer, 3-Division, 4-TSD)
CUSTOMER'S COPY must be presented in claiming reports together with the filled up Customer Satisfaction Survey Form (QMS-F2)
2. Blank forms may be reproduced by the customer.

Form: ITDI-F2

Issue: Nov. 20112