



**4. Other Training/Seminars Attended (National Qualification-related)**

4.1. Title	4.2. Venue	4.3. Inclusive Dates		4.4. No. of Hours	4.5. Conducted By

*(For more information, please use separate sheet)***5. Licensure Examination(s) Passed**

5.1. Title	5.2. Year Taken	5.3. Examination Venue	5.4. Rating	5.5. Remarks	5.6. Expiry Date

*(For more information, please use separate sheet)***6. Competency Assessment(s) Passed**

6.1. Title	6.2. Qualification Level	6.3. Industry Sector	6.4. Certificate Number	6.5. Date of Issuance	6.6. Expiration Date

*(For more information, , please use separate sheet)***ADMISSION SLIP**REFERENCE NUMBER : 

2	3	1	0	3	5												
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Name of Applicant:

Tel. Number:

Assessment Applied for:

Official Receipt Number:

Date Issued:

**To be accomplished by the Processing Officer**

Name of Assessment Center: REGIONAL TRAINING CENTER- ILIGAN

Check submitted requirements:

Remarks:

- Accomplished Self-Assessment Guide
- Three (3) pieces colored passport size pictures

- Bring own Personal Protective Equipment
- Others. Pls. specify

Assessment Date:

Assessment Time: 8:00 AM- 5:00 PM

**PICTURE**  
 (Passport size)

**MUSLIMA R. SULTAN**

Printed Name &amp; Signature of Processing Officer

Printed Name &amp; Signature of Applicant

Date:

Date:

**Note: Please bring this Admission Slip on your assessment date.**