

GPPB-TSO-CAGAYAN STATE UNIVERSITY CERTIFICATION PROGRAM FOR PUBLIC PROCUREMENT SPECIALIST - LEVEL I

CSU Andrews Campus, Tuguegarao City

Tel. No.: 844-07-11 / 377-55-20

**REGISTRATION FORM**

***PASSPORT SIZE***

***ID PICTURE***

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Date:** | | **Reservation Fee: 1,000.00** | |
| **Course Level: I – Basic** | **No. of Hours: 56 hours** | | **Registration Fee: 14,000.00** |

**STUDENT INFORMATION**

**Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Last Name First Name Middle Initial***

**Sex : □ Male □ Female**

**Age : \_\_\_\_\_\_\_\_\_\_\_\_**

**Civil Status : □ Single □ Married □ Widow/er**

**Highest Educational Attainment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion : □ Roman Catholic □ Protestant**

**Others (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity : □ Ilocano □ Tagalog □ Ibanag**

**Others (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation : □ HoPE □ BAC Chairperson □ BAC Member**

**□ BAC Secretary □ Budget Officer □ Accountant**

**□ Supply Officer □ TWG**

**□ Others (Please specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No. of Years in the Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No. : Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainings attended related to the implementation of RA 9184:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature**