NUCLEAR TRAINING CENTER
PHILIPPINE NUCLEAR RESEARCH INSTITUTE
Commonwealth Avenue, Diliman, Quezon City
Telephone No.: 8929-60-11 to 19 local 236
Email: ntc@pnri.dost.gov.ph

RESEARCH/THESIS ADVISORSHIP APPLICATION

- ◯ a. Recommendation from thesis adviser **WITH** endorsement by authorized school official
- ◯ b. Form 25-B: Agreement Form (for minors, use Form 25-A; notarized; 1 copy)
- ◯ c. Form 29: Confidentiality Undertaking for Non-PNRI Employee (1 copy)
- ◯ d. Research/Thesis Abstract (1 copy)
- ◯ e. Research/Thesis List of Activities to be done in PNRI (1 copy)
- ◯ f. Form 26: Memorandum of Agreement (2 copies)

1" x 1"
ID photo
(taken in the last
6 mos.)

Name: _____ Sex: ◯ Male ◯ Female
Last Name Given Name Middle Initial

Civil Status: _____ Date of Birth: _____ Mobile no/s.: _____

Home address: _____ Email address: _____

School/Institution: _____

Course: _____ Year level: _____

Research/Thesis Adviser: _____ Email Address: _____

Proposed Field of Research: _____
ex. agriculture, applied/health physics, materials science, chemistry, biomedical, isotopes/nuclear analysis/techniques, irradiation, nuclear regulatory, etc.

Research/Thesis Title: _____

Duration of PNRI research/thesis activities (ex. 01/01/202501/31/2025): _____

Conforme: _____ _____
PNRI Research/Thesis Advisor Signature of Applicant
Division/Section: _____

Recommending Approval: Approved:

ROEL A. LOTERIÑA, MSc.
Head, Nuclear Training Center

CARLO A. ARCILLA, Ph.D.
Director

Do not write below (NTC staff only):

Checked/evaluated by: _____ Application approved on: _____

Submitted/received on: _____ Documents digitized on: _____

Remarks: _____ No. of pages digitized: _____

MEDICAL CERTIFICATE		
Instruction: 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? If no, explain briefly.		
Is the person examined able physically and mentally to undergo training? If no, explain briefly.		
Is the person examined free from infectious diseases which could present risks for both the candidate and his contacts during his training? If no, explain briefly.		
Does the person examined have any condition or defect which might require treatment during his training? If yes, write the condition or defect.		
In case of a medical emergency, contact (name of person & contact number):		
Full Name and PRC license number of Examining Physician:		
Name and address of hospital/clinic affiliated with:		
Date Signature of Examining Physician		

ver 2, February 2025

INSTRUCTIONS FOR COMPLETING THIS FORM AND OTHER REQUIRED FORMS FOR SUBMISSION

To ensure your application is processed smoothly and without delay, follow the steps carefully.

1. *Submit 2 copies of PNRI/NTC Form 24- Research/Thesis Advisorship Application.*
2. *Write clearly and legibly.*
3. *Complete ALL FORMS using wet ink (**handwritten**).*
4. *ALL forms are ISO-certified and must remain unaltered. **Applicants and third parties are strictly prohibited from modifying the form's content, structure or layout, except in the spaces provided to be filled out.***

4. Personal Information

- *Full Name: Write your complete legal name as it appears on official documents.*
- *School/University: Indicate the full name of your academic institution.*
- *Degree Program: Specify your current degree (e.g., BS Physics, MS Chemistry).*
- *Year Level: State your current academic year or level (e.g., 4th Year, Graduate Student).*
- *Ensure that your mobile number, home address, and email address are accurate and up to date.*
- *Research/Thesis Adviser: make sure to provide your research/thesis school adviser/teacher's full name and email address*

5. Research/Thesis details

- *Title of Research/Thesis: Provide the full working title of your study.*
- *Duration: Indicate the start and end dates in MM/DD/YYYY format (e.g., 01/10/2025–01/31/2025). If your application is approved and an extension becomes necessary, promptly notify the NTC Research/Thesis Advisorship Coordinator.*
- *Research Area: Briefly describe the field or topic your research covers.*

6. PNRI Adviser and qualification requirement

- *Indicate the full name of your designated PNRI adviser and ensure they sign above their printed name. Include the Division and Section to which they are assigned.*
- ***Senior High School and Bachelor's degree applicants must be assigned to a PNRI employee who holds at least a Master's degree. Master's and Graduate student applicants must be assigned a PNRI employee who holds a Doctoral (Ph.D.) degree.***

7. Ensure the following documents and forms are included, and properly filled out for attachment:

- *Endorsement letter from your research/thesis adviser or teacher WITH endorsement by an authorized school official (e.g., Principal, Chancellor, President, or Dean)*
- *1 copy of notarized Form 25-B: Agreement Form (for minors, use Form 25-A)*
- *1 copy of Form 29: Confidentiality for Non-PNRI Employee*
- *1 copy of Research/Thesis Abstract*
- *1 copy of Research/Thesis list of activities to be done in PNRI*
- *2 copies of Form 26: Memorandum of Agreement (MOA)-for instructions, email the coordinator.*
- *1x1 ID photo*

8. Medical Certificate (ver 2, February 2025)

- *To be completed by a registered medical practitioner from your school or a third-party medical clinic/institution after thorough clinical and laboratory examination including chest x-ray. Do not submit laboratory results with your application.*

*If you are unsure how to complete the forms or what information to provide, you may contact the Research/Thesis Advisorship Coordinator, **Ms. Christine Singayan,** via email at **cspsingayan@pnri.dost.gov.ph** or by phone at +632 89296011 up to 19 local 236.*