APPLICATION FOR RESEARCH/THESIS ADVISORSHIP

NUCLEAR TRAINING CENTER
PHILIPPINE NUCLEAR RESEARCH INSTITUTE
Commonwealth Avenue, Diliman, Quezon City
Telephone No.: 929-60-11 to 19 local 236
Email: ntc@pnri.dost.gov.ph

	Other Requirements to be submitted with this Application Form	*Research/ Thesis*
(i)	Endorsement Letter from School	✓
(ii)	Agreement Form (notarized upon submission, 3 copies)	✓
(iii)	Confidentiality Undertaking (3 copies)	✓
(iv)	Thesis/ Research Abstract (1 copy)	✓
(v)	Memorandum of Agreement (notarized after being signed by PNRI Director, 3 copies)	✓

Recent 1" x 1" ID picture

Name: ____ Sex: [ ] Male [ ] Female
Surname First Name Middle Name

Civil Status: ____________________ Date of Birth: ______________ Place of Birth: _____________________

Address: ____

Email Address: ___________________________________ Contact No.: _________________________

School/Institution: ____

Course: _______________________________________ Year Level: _________________________

Dean/Principal of School: ____

Email Address: ___________________________________ Contact No.: _________________________

Proposed Field of Research: ____

Proposed Research Activities:

Major Research Activities	Target Date of Implementation

____
Signature of Applicant

Conforme:

____
Research/Thesis Adviser at PNRI

Recommending Approval:

ROEL A. LOTERIÑA
Officer-in-Charge
Nuclear Training Center

Approved:

CARLO A. ARCILLA, PHD
Director

Do not write below the line (for NTC use only):

Name of Research/Thesis Adviser: ________________________________ Section/Division: ____________________

Arranged by: ________________________________ Date: ____________________

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 that could present risks for both the candidate and his contacts during his training?

Does the person examined have any condition or defect that might require treatment during his training?

Full Name, Address, and License Number of Examining Physician

Date

Signature of Examining Physician