

# APPLICATION FOR ON-THE-JOB TRAINING/INTERNSHIP



**NUCLEAR TRAINING CENTER**  
**PHILIPPINE NUCLEAR RESEARCH INSTITUTE**  
Commonwealth Avenue, Diliman, Quezon City  
Telephone No.: 929-60-11 to 19 local 236    Telefax: 920-87-88  
Email: ntc@pnri.dost.gov.ph



Requirements to be submitted with this Application Form	Internship Cycle Applied for
<input type="checkbox"/> Cover Letter	<input type="checkbox"/> 1 (January to March)
<input type="checkbox"/> Endorsement from Higher Education Institution (HEI) Head/Supervisor	<input type="checkbox"/> 2 (March to May)
<input type="checkbox"/> Resume	<input type="checkbox"/> 3 (May to July)
<input type="checkbox"/> Transcript of Records	<input type="checkbox"/> 4 (July September)
<input type="checkbox"/> NBI or Police Clearance	<input type="checkbox"/> 5 (September to November)
<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> 6 (November to January)

Name: \_\_\_\_\_ Sex: [ ] Male [ ] Female  
Surname First Name Middle Name

Civil Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name of School/HEI: \_\_\_\_\_

Course: \_\_\_\_\_ Year Level: \_\_\_\_\_

No. of Hours Needed for credit to HEI's in-service program: \_\_\_\_\_

Name of Supervisor/Internship Coordinator of HEI: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Please choose (1 only) the placement of internship position you are applying for:

Atomic Research Division	Nuclear Regulatory Division	Nuclear Services Division	Technology Diffusion Division	Finance and Administrative Division
<input type="checkbox"/> Agricultural Research <input type="checkbox"/> Applied Physics Research <input type="checkbox"/> Biomedical Research <input type="checkbox"/> Chemistry Research <input type="checkbox"/> Health Physics Research <input type="checkbox"/> Nuclear Materials Research	<input type="checkbox"/> Inspection and Enforcement <input type="checkbox"/> Licensing, Review and Evaluation <input type="checkbox"/> Radiological Impact Assessment <input type="checkbox"/> Regulations and Standards Development	<input type="checkbox"/> Engineering Services <input type="checkbox"/> Irradiation Services <input type="checkbox"/> Isotope Techniques <input type="checkbox"/> Nuclear Analytical Techniques Application <input type="checkbox"/> Nuclear Reactor Operations <input type="checkbox"/> Radiation Protection Services	<input type="checkbox"/> Business Development <input type="checkbox"/> Nuclear Information and Documentation <input type="checkbox"/> International Cooperation <input type="checkbox"/> Management Information System <input type="checkbox"/> Nuclear Training Center	<input type="checkbox"/> Accounting <input type="checkbox"/> Budget <input type="checkbox"/> Cashier <input type="checkbox"/> General Services <input type="checkbox"/> Human Resource Management and Records and Communication <input type="checkbox"/> Property and Procurement

I certify that the information I provided for this application is true and correct.

SIGNATURE OVER PRINTED NAME OF APPLICANT

To be filled in by a staff of the Nuclear Training Center:

Application packet is: ☐ COMPLETE ☐ INCOMPLETE

Checked by: \_\_\_\_\_

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

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

Full Name and Address of Examining Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examining Physician