

APPLICATION FORM



National Center for Transportation Studies
 University of the Philippines
 U.P. P.O. BOX 26, DILIMAN, QUEZON CITY 1101
 TEL. NOS. 981-8500 loc 3551-3552 / 929-0495 / 929-4403
 FACSIMILE : 929-0495 / 981-8500 loc 3552 / 929-4403

PERSONAL INFORMATION		
Name (<i>Last, Given, M.I.</i>):		Attach two (2) recent 1 1/2" x 1 1/2" photos here. Applicant should sign photos at the back.
Date of Birth :	Age :	
Place of Birth :	Sex :	
Citizenship :	Civil Status :	
Office :		
Division/Section :		
Position :		
Office Address :		
		E-mail Address :
Tel. No. :		Fax No. :
Metro Manila Address :		
	Tel. No. :	Fax No. :
Home Address (outside Metro Manila) :		
	Tel. No. :	Fax No. :
HONORS AND/OR MEMBERSHIPS IN PROFESSIONAL SOCIETIES		
WORK EXPERIENCE		
Position	Employer and Address	Date of Employment
CIVIL SERVICE ELIGIBILITY		
Kind of Examination	Date Taken	Rating
EDUCATIONAL ATTAINMENT		
Colleges/Universities Attended	Dates Attended	Degree Received
TRAININGS AND CONFERENCES ATTENDED (if any)		
Title	Dates Attended	Place

List of Required Documents:

- Endorsement Letter from head office.
- Copy of collegiate transcript of records for highest level attained or Xerox copy of diploma of highest level attained.
- 500 to 1000 words narration of your experiences that you feel relevant to the training course you are applying for.
- Statement of actual duties and functions
- Two recent 1 ½ " x 1 ½' photographs with signature at the back.

Payment Procedure

Option 1

1. Upon receiving the acceptance letter for the Training Program, go to the UP-National Center for Transportation Studies Foundation, Inc. Office for payment.
2. After accomplishing instructions 1, you are now officially enrolled in the program.

Option 2

1. Upon receiving the acceptance letter for the Training Program, proceed to any Bank of the Philippine Islands (BPI) Branch for payment. Fill-up three (3) deposit slips (1 bank's copy, 1 UP-NCTS copy, and 1 participant's copy). Attached is a sample filled-up deposit slip for your guidance.
2. Fax the bank validated deposit slip to UP-NCTS (02-9290495/02-981-8500 loc 3552) or e-mail to up.ncts@gmail.com and you will be notified of your official enrollment in the program afterwards.
3. Make sure to submit one (1) original bank validated deposit slip (UP-NCTS copy) on the first day of the program.

Note:

If you will be using checks for payment, pay to UP NCTS Foundation, Inc.

DEPOSIT / PAYMENT SLIP	
BANK'S COPY	
PLEASE CHECK THE APPROPRIATE BOXES	
<input checked="" type="checkbox"/> DEPOSIT	<input type="checkbox"/> PAYMENT
<input type="checkbox"/> SAVINGS	<input checked="" type="checkbox"/> CURRENT
CURRENCY	
<input checked="" type="checkbox"/> PESO <input type="checkbox"/> US DOLLAR <input type="checkbox"/> OTHERS _____	
ACCT. NUMBER	3 0 8 1 0 8 1 6 4 5
ACCOUNT NAME / MERCHANTS NAME	UP NCTS Foundation, Inc.
(FOR PAYMENTS ONLY)	
POLICY / PLAN / REFERENCE NO. _____	
POLICY / PLANHOLDER'S NAME _____	
THIS DEPOSIT/PAYMENT IS SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT.	
TYPE OF DEPOSIT/PAYMENT	
(PLEASE USE SEPARATE SLIP FOR EACH TYPE OF CURRENCY)	
	AMOUNT
CASH	
CHECK(S) (USE BACK FOR DETAILS)	
TOTAL DEPOSITS/PAYMENT	
TELLERS VALIDATION (THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED)	

DEPOSIT / PAYMENT SLIP	
CLIENT'S COPY	
TELLERS VALIDATION (THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED)	