

HUMAN RESOURCES DEVELOPMENT PROGRAM
Philippine Council for Advanced Science and Technology Research and Development
Department of Science and Technology
Rm. 100 DOST Main Bldg., General Santos Avenue, Bicutan, Taguig, Metro Manila
Tel. Nos. 837-20-71 to 82 Locals 2100-2109; Direct Lines 837-75-16/22; Fax No. 837-31-68
Email: pcastrd@dost.gov.ph Website: <http://www.pcastrd.dost.gov.ph>

APPLICATION FORM

(Print or type in block letters)

Name : TORRES MARK GIL TADLE
(Family) (First) (Middle)

Program Applied For:

☒ MS ☐ Thesis ☐ Research Fellowship
☐ PhD ☐ Dissertation ☐ Visiting Professorship

Type of Scholarship:

☒ Full-time ☐ Part-time

Proposed Field of Study:

☐ Biology ☐ Computer Science ☐ Chemistry
☐ Physics ☐ Information Technology ☐ Microelectronics
☐ Mathematics ☐ Materials Science ☒ Statistics
☐ Earth Science/Remote Sensing

Proposed Research Area: DATA MINING

PCASTRD accredited school where admitted: applying for admission UP-DILMAN

Type of Entry to the Scholarship:

☒ Regular ☐ Lateral If lateral, no. of graduate units passed _____

Duration:

(for lateral entrants, to be supported by a certification from the graduate school on the minimum number of units required and the minimum number of semesters needed to finish the degree)

Please submit this duly accomplished application form with the following requirements;

- _____ 1. Certificate of acceptance/admission from any PCASTRD accredited school
- _____ 2. Certified true copy of Transcript of Records (BS for MS applicant/BS and MS for PhD applicant)
- _____ 3. Certified true copy of diploma/certificate of graduation
- _____ 4. Recommendation letters from two former professors (BS or MS, as the case may be)
- _____ 5. Endorsement letter from the head of sending institution (where applicable)
 - a. potential contribution
 - b. length of service
 - c. absence of criminal/administrative charges
 - d. willingness to release the nominee from the duties and responsibilities for the duration of the scholarship program/approved study leave with pay/ no existing scholarship grant
- _____ 6. Certified true copy of birth certificate
- _____ 7. Doctor's certification of good health with x-ray results
- _____ 8. NBI Clearance
- _____ 9. Two (2) copies of 2"x2" latest picture
- _____ 10. Others

Revised 10/23/2008



not pnc

Brothers/Sisters :

Name	Age	Address	Occupation
CRISTOBAL TORRES	24	PRK. 2 KATIPUNAN, ILIGAN	MACHINE OPERATOR
MARICKIS TORRES	23	PRK. 2 KATIPUNAN, ILIGAN	NONE
MARY GRACE TORRES	19	PRK. 2 KATIPUNAN, ILIGAN	NONE

(use additional sheets if necessary)

EDUCATIONAL BACKGROUND

Degree Received	Name of Institution	Year	Title of Thesis
BS MATHEMATICS	MSU-IIT	2006	ON EQUILIBRATED GROUPS

Special Trainings Undertaken:

Training Courses	Training Institution	Period

(use additional sheet if necessary)

Scholarship/Fellowship Availed of:

Program	Field of Study	School	Sponsoring Inst.	Period

(use additional sheet if necessary)

EMPLOYMENT RECORD

Present Employer : MSU-IIT
 Office Address: BONIFATIO AVE., TIBANGA, ILIGAN CITY
 Office Tel. No.: 221-4050 (LOCAL 140)

Brief Description of Present Duties:

- TEACHES MATH/STAT UNDERGRADUATE COURSES &
COMPUTER PROGRAMMING COURSE FOR BS MATH/STAT
- ADMINISTRATOR FOR THE COLLEGE OF SCIENCE &
MATHEMATICS' COMPUTER NETWORK
- HARDWARE/SOFTWARE SUPPORT FOR THE DEPT. OF
MATHEMATICS

(use additional sheet if necessary)

Will your present employer pay your salary throughout the duration of your scholarship?

☒ Yes

☐ No

Research Projects Involved In:

Title	Name of Co-Researchers	Period

(use additional sheet if necessary)

Please list positions held from previous employment:

Period	Position	Salary	Employer

(use additional sheet if necessary)

Will you relocate your family within the proximity of the school you are enrolled?

☐ Yes


☒ No

Character References : (preferably from your present office)

Name	Position	Address	Contact Nos.
1. DR. BRIGIDA ROSCOM	VICE-CHANCELLOR	MSO-11T	09177164460
2. DR. ROMULO GUERRERO	DEAN, CSM	MSO-11T	221-9650 (LOCAL 145)
3. DR. MELBA ANIVERSARIO	CHAIRMAN, MATH DEPT.	MSO-11T	221-9650 (LOCAL 146)

I certify that the statements made herein are true and correct and I promise to abide by the decision of the PCASTRD administration on this application.

4/26/2010
Date


Signature of Applicant