

The Hon. Secretary
Department of Foreign Affairs

The Director : National Bureau of Investigation
The Commissioner : Bureau of Immigration and Deportation



Gentlemen:

Please include SHEILA MARIE T. ANGUSTIA in the list of DOST-ASTHRDP scholars needing
(Name of Scholar)

clearance for securing a departure order, whose picture, CONFORME, details of scholarship, service obligations, etc., appear in the appropriate boxes below.

[Signature]
DR. REYNALDO V. EBORA
(Requesting Official)

Executive Director, PCASTRD
(Designation)

Date of Request: _____

Name of Scholar	Date of Birth	Place of Birth	Civil Status
SHEILA MARIE T. ANGUSTIA	March 07, 1980	TABACO, ALBAY	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated
Mailing Address: 82 LIS PHS SAN MARINO CITY JORD. DAGUNA, CAVITE		Person to be Contacted in case of Emergency	
Email Address: sheirrie@yahoo.com		ERIC LLAGAS ANGUSTIA	
Name of Sending Institution PNP CRIME LABORATORY DNA SECTION		Name of Granting Institution Department of Science and Technology (DOST) thru the Philippine Council for Advanced Science and Technology Research and Development (PCASTRD)	
Field of Study BIOLOGY	School/University DLSU - Manila	<input type="checkbox"/> Undergraduate <input checked="" type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Scholarship Period From : To :
Service Obligation: <input type="checkbox"/> _____ Years <input type="checkbox"/> _____ Months	Scholarship Contract Signed: Date: _____	Parties to Scholarship Contract: <input type="checkbox"/> Scholar <input type="checkbox"/> Granting Institution <input type="checkbox"/> Sending Institution <input type="checkbox"/> Others	
<p><u>SHEILA MARIE T. ANGUSTIA</u> DOST - ASTHRDP (PCASTRD) PNP CRIME LAB DNA SECTION</p>			

CONFORME

I hereby signify my CONFORME to the foregoing, including the submission of my name in the list of DOST-ASTHRDP scholars needing clearance for securing NBI clearance, passport application from the Department of Foreign Affairs (DFA) and departure order from the Bureau of Immigration (BI). Furthermore, I will comply with the requirements in securing clearance/s from my sending and granting institutions prior to any travel abroad.

Signature of Scholar: *[Signature]*

Date : _____

The Hon. Secretary
Department of Foreign Affairs

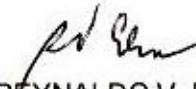
The Director : National Bureau of Investigation
The Commissioner : Bureau of Immigration and Deportation



Gentlemen:

Please include SHEILA MARIE T. ANGUSTIA in the list of DOST-ASTHRDP scholars needing
(Name of Scholar)

clearance for securing a departure order, whose picture, CONFORME, details of scholarship, service obligations, etc., appear in the appropriate boxes below.


DR. REYNALDO V. EBORA
(Requesting Official)

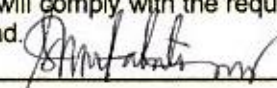
Executive Director, PCASTRD
(Designation)

Date of Request: _____

Name of Scholar	Date of Birth	Place of Birth	Civil Status
SHEILA MARIE T ANGUSTIA	MARCH 07, 1980	TABACO, ALBAY	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated
Mailing Address: B2 LIS PHS SAN MARINO CITY SUBD DACMA, CAVITE		Person to be Contacted in case of Emergency ERIC LLAGAS ANGUSTIA	
Email Address: <u>sheila@yahoo.com</u>			
Name of Sending Institution PNP CRIME LABORATORY DNA SECTION		Name of Granting Institution Department of Science and Technology (DOST) thru the Philippine Council for Advanced Science and Technology Research and Development (PCASTRD)	
Field of Study BIOLOGY	School/University DLSU - Manila	<input type="checkbox"/> Undergraduate <input checked="" type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Scholarship Period From : To :
Service Obligation: <input type="checkbox"/> 2 Years <input type="checkbox"/> Months	Scholarship Contract Signed: Date: _____	Parties to Scholarship Contract: <input type="checkbox"/> Scholar <input type="checkbox"/> Granting Institution <input type="checkbox"/> Sending Institution <input type="checkbox"/> Others <u>SHEILA MARIE T. Angustia</u> <u>DOST - ASTHRDP (PCASTRD)</u> <u>PNP CRIME LAB DNA SECTION</u>	

CONFORME

I hereby signify my CONFORME to the foregoing, including the submission of my name in the list of DOST-ASTHRDP scholars needing clearance for securing NBI clearance, passport application from the Department of Foreign Affairs (DFA) and departure order from the Bureau of Immigration (BI). Furthermore, I will comply with the requirements in securing clearance/s from my sending and granting institutions prior to any travel abroad.

Signature of Scholar: 
Date : _____

The Hon. Secretary
Department of Foreign Affairs

The Director : National Bureau of Investigation
The Commissioner : Bureau of Immigration and Deportation



Gentlemen:

Please include SHEILA MARIE T. ANGUSTIA in the list of DOST-ASTHRDP scholars needing
(Name of Scholar)
clearance for securing a departure order, whose picture, CONFORME, details of scholarship, service obligations, etc., appear in the appropriate boxes below.

R V Ebora
DR. REYNALDO V. EBORA
(Requesting Official)

Executive Director, PCASTRD
(Designation)

Date of Request: _____

Name of Scholar	Date of Birth	Place of Birth	Civil Status
SHEILA MARIE T. ANGUSTIA	March 07, 1980	TABACO, ALBAY	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated
Mailing Address: B2115 PHS SAN MARINO CITY SUBD. DASMA, CAVITE		Person to be Contacted in case of Emergency	
Email Address: <u>sheiric@yahoo.com</u>		ERIC LLAGAS ANGUSTIA	
Name of Sending Institution PNP CRIME LABORATORY DNA SECTION		Name of Granting Institution Department of Science and Technology (DOST) thru the Philippine Council for Advanced Science and Technology Research and Development (PCASTRD)	
Field of Study BIOLOGY	School/University DLSU - Manila	<input type="checkbox"/> Undergraduate <input checked="" type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Scholarship Period From : To :
Service Obligation: <input type="checkbox"/> _____ Years <input type="checkbox"/> _____ Months	Scholarship Contract Signed: Date: _____	Parties to Scholarship Contract: <input type="checkbox"/> Scholar <input type="checkbox"/> Granting Institution <input type="checkbox"/> Sending Institution <input type="checkbox"/> Others	
<u>SHEILA MARIE T. Angustia</u> <u>DOST - ASTHRDP (PCASTRD)</u> <u>PNP CRIME LAB DNA Section</u>			

CONFORME

I hereby signify my CONFORME to the foregoing, including the submission of my name in the list of DOST-ASTHRDP scholars needing clearance for securing NBI clearance, passport application from the Department of Foreign Affairs (DFA) and departure order from the Bureau of Immigration (BI). Furthermore, I will comply with the requirements in securing clearance/s from my sending and granting institutions prior to any travel abroad.

Signature of Scholar: _____

Date: _____

CO-MAKER STATEMENT

KNOW ALL MEN BY THESE PRESENT:

That I, ARGENTINA S CASINO of legal age, Filipino, married/single,
(Co-maker)

with postal address at 3686 WALING-WALING ST. SAMPAGUITA CALABANG CITY
bind myself jointly and severally.

with

SHEILA MARIE T ANGUSTIA of B2115 PAB SAN MARINO CITY
(Principal) (home address)

SUBD DASMARINAS, CAVITE CITY a grantee under the DOST Accelerated S&T Human Resource Development Program

In favor of

The DEPARTMENT OF SCIENCE AND TECHNOLOGY (DOST) with principal office at Gen. Santos Avenue, Taguig, Metro Manila, hereinafter referred to as DOST.

Witnesseth

WHEREAS, the Principal has accepted and signed a Scholarship Contract with DOST and bound himself/herself to comply with the terms and conditions stipulated in said Contract and its implementing Guidelines;

WHEREAS, under said Guidelines, it is stipulated that the Principal shall be bound to pay and reimburse DOST on demand such amount or amounts as may have been defrayed for the Principal's school fees, allowances and other expenses incurred by DOST in connection with the scholarship in the event of the Principal's failure to complete the program covered by the scholarship grant or render the required year(s) of service.

NOW, THEREFORE, for and in consideration of the foregoing premises, I, Co-maker of this undertaking, hereby guarantee and warrant to DOST: (1) That the

[Signature] 7/21/09

Principal shall faithfully comply with the terms and conditions stipulated under the Scholarship Contract, and (2) That in such event that the Principal is required by DOST to make reimbursements for failure to complete the scholarship program or render the required year(s) of service, I bind myself to be jointly and severally liable for such obligation upon demand by DOST without need of court action,

IN WITNESS WHEREOF, I have hereunto set my hand this JUL 07 2009 day of

_____, 20__ at QUEZON CITY, Philippines.

SHEILA MARIE T ANGLUSTIA
Principal
(Signature over Printed name)

ARGENTINA S CASINO
Co-Maker
(Indicate relationship)

SIGNED IN THE PRESENCE OF:

RONA H SANTOS
Witness

ACKNOWLEDGEMENT

Before me, Notary Public for and in QUEZON CITY this JUL 07 2009 day of _____, 20__ personally appeared:

NAME	RES. CERT. NO.	DATE/PLACE ISSUED
1. <u>ARGENTINA S CASINO</u>	<u>11967102</u>	<u>7/7/09 D.C.</u>
2. <u>SHEILA MARIE T ANGLUSTIA</u>	<u>11967102</u>	<u>7/7/09 D.C.</u>

Known to me and to be the same persons who executed the foregoing Scholarship Contract and acknowledged to me that the same is their own free act and deed.

Witness my hand, and seal on the date and place above stated.

Doc. No.
Page No.
Book No.
Series of

75
15
CCXIV
2009

ATTY. HERMINIA A. BATI

NOTARY PUBLIC
UNTIL DECEMBER 31, 2010
PTR NO. 0391740 - 01/05/09
BP NO. 754341 01/05/09
QUEZON CITY
ROLL NO. 43864

CO-MAKER STATEMENT

KNOW ALL MEN BY THESE PRESENT:

That I, ARGENTINA S. CASINO of legal age, Filipino, married/single,
(Co-maker)

with postal address at 3686 WALING-WALING ST. SAMPAGUITA CALOOCAN CITY
bind myself jointly and severally.

with

SHEILA MARIE T. ANGUSTIA of B2 LISPHS SAN MARINO CITY
(Principal) (home address)

SUBD. DASMARINAS, CAVITE a grantee under the DOST Accelerated S&T Human Resource Development Program

In favor of

The DEPARTMENT OF SCIENCE AND TECHNOLOGY (DOST) with principal office at Gen. Santos Avenue, Taguig, Metro Manila, hereinafter referred to as DOST.

Witnesseth

WHEREAS, the Principal has accepted and signed a Scholarship Contract with DOST and bound himself/herself to comply with the terms and conditions stipulated in said Contract and its implementing Guidelines;

WHEREAS, under said Guidelines, it is stipulated that the Principal shall be bound to pay and reimburse DOST on demand such amount or amounts as may have been defrayed for the Principal's school fees, allowances and other expenses incurred by DOST in connection with the scholarship in the event of the Principal's failure to complete the program covered by the scholarship grant or render the required year(s) of service.

NOW, THEREFORE, for and in consideration of the foregoing premises, I, Co-maker of this undertaking, hereby guarantee and warrant to DOST: (1) That the

Principal shall faithfully comply with the terms and conditions stipulated under the Scholarship Contract, and (2) That in such event that the Principal is required by DOST to make reimbursements for failure to complete the scholarship program or render the required year(s) of service, I bind myself to be jointly and severally liable for such obligation upon demand by DOST without need of court action,

IN WITNESS WHEREOF, I have hereunto set my hand this JUL 07 2009 day of

_____, 20___ at QUEZON CITY, Philippines.

SHEILA MARIE T. ANGUSTIA
Principal
(Signature over Printed name)

ARGENTINA CACINO
Co-Maker
(Indicate relationship)

SIGNED IN THE PRESENCE OF:

WILLY H. SANTOS
Witness

ACKNOWLEDGEMENT

Before me, Notary Public for and in QUEZON CITY this JUL 07 2009 day of _____, 20___ personally appeared:

NAME	RES. CERT. NO.	DATE/PLACE ISSUED
1. <u>SHEILA MARIE T. ANGUSTIA</u>	<u>11967102</u>	<u>7/7/09 Q.C.</u>
2. <u>ARGENTINA S. CACINO</u>	<u>11967103</u>	<u>7/7/09 Q.C.</u>

Known to me and to be the same persons who executed the foregoing Scholarship Contract and acknowledged to me that the same is their own free act and deed.

Witness my hand, and seal on the date and place above stated.

Doc. No.
Page No.
Book No.
Series of

75
15
62410
2009

ATTY. HERMINIA A. BATI
Notary Public
UNTIL DECEMBER 31, 2010
PTR NO. 0391740 - 01/05/09
BP NO. 754341 01/05/09
QUEZON CITY
ROLL NO. 43864

CO-MAKER STATEMENT

KNOW ALL MEN BY THESE PRESENT:

That I, ARGENTINA S. CASINO of legal age, Filipino, married/single,
(Co-maker)

with postal address at 3686 WALING-WALING ST. SAMPAGUITA CALOOCAN CITY
bind myself jointly and severally.

with

SHELLA MARIE T ANGUSTIA of B215PH3 SAN MARINO CITY SUBD
(Principal) (home address)

DASMARINAS, CAVITE a grantee under the DOST Accelerated
S&T Human Resource Development Program

In favor of

The DEPARTMENT OF SCIENCE AND TECHNOLOGY (DOST) with principal office
at Gen. Santos Avenue, Taguig, Metro Manila, hereinafter referred to as DOST.

Witnesseth

WHEREAS, the Principal has accepted and signed a Scholarship Contract
with DOST and bound himself/herself to comply with the terms and conditions
stipulated in said Contract and its implementing Guidelines;

WHEREAS, under said Guidelines, it is stipulated that the Principal shall be
bound to pay and reimburse DOST on demand such amount or amounts as may
have been defrayed for the Principal's school fees, allowances and other expenses
incurred by DOST in connection with the scholarship in the event of the Principal's
failure to complete the program covered by the scholarship grant or render the
required year(s) of service.

NOW, THEREFORE, for and in consideration of the foregoing premises, I,
Co-maker of this undertaking, hereby guarantee and warrant to DOST: (1) That the

Principal shall faithfully comply with the terms and conditions stipulated under the Scholarship Contract, and (2) That in such event that the Principal is required by DOST to make reimbursements for failure to complete the scholarship program or render the required year(s) of service, I bind myself to be jointly and severally liable for such obligation upon demand by DOST without need of court action,

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_____, 20___ at QUEZON CITY, Philippines.

SHEILA MARIE T. ANGUSTIA
Principal
(Signature over Printed name)

ARGENTINA CASINO
Co-Maker
(Indicate relationship)

SIGNED IN THE PRESENCE OF:

LORENTE S. SANTOS
Witness

ACKNOWLEDGEMENT

Before me, Notary Public for and in QUEZON CITY this JUL 07 2009 day of _____, 20___ personally appeared:

	NAME	RES. CERT. NO.	DATE/PLACE ISSUED
1.	<u>SHEILA MARIE T. ANGUSTIA</u>	<u>11967102</u>	<u>7/2/09 Q.C.</u>
2.	<u>ARGENTINA S. CASINO</u>	<u>11967103</u>	<u>7/7/09 Q.C.</u>

Known to me and to be the same persons who executed the foregoing Scholarship Contract and acknowledged to me that the same is their own free act and deed.

Witness my hand, and seal on the date and place above stated.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

75
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CCXIV
2009

ATTY. HERMINIA A. BATA

Notary Public
UNTIL DECEMBER 31, 2010
PTR NO. 0391740 - 01/05/09
BP NO. 754341 01/05/09
QUEZON CITY
ROLL NO. 43866

CO-MAKER STATEMENT

KNOW ALL MEN BY THESE PRESENT:

That I, ARGENTINA S CASINO of legal age, Filipino, married/single,
(Co-maker)

with postal address at 3680 WALKING-WALKING ST. CATIPAGUITA CANTOCON CITY
bind myself jointly and severally.

with

SHEILA MARIE T ANGLICIA of BOLISPHS SAN MARINO CITY SUBD
(Principal) (home address)

DASMARINAS, CAVITE a grantee under the DOST Accelerated S&T Human Resource Development Program

In favor of

The DEPARTMENT OF SCIENCE AND TECHNOLOGY (DOST) with principal office at Gen. Santos Avenue, Taguig, Metro Manila, hereinafter referred to as DOST.

Witnesseth

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SHEILA MARIE T ANGUSTIA

(Principal
(Signature over Printed name)

ARGENTINA CASINO

(Co-Maker
(Indicate relationship)

SIGNED IN THE PRESENCE OF:

LOANITA G. GONZALEZ

Witness

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2. <u>ARGENTINA CASINO</u>	<u>11967103</u>	<u>7/7/09 Q.C</u>

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Witness my hand, and seal on the date and place above stated.

Doc. No.
Page No.
Book No.
Series of

2814

ATTY. HERMINIA A. BATA

Notary Public

UNTIL DECEMBER 31, 2010

PTR NO. 0391740 - 01/05/01

BP NO. 754341 01/05/09

QUEZON CITY

ROLL NO. 43884