



Republic of the Philippines

**NUEVA ECija UNIVERSITY OF SCIENCE AND TECHNOLOGY**

Cabanatuan City, Nueva Ecija

**ON-THE-JOB TRAINING AND CAREER DEVELOPMENT CENTER****WAIVER AND PERMISSION FORM**

This is to certify that I am permitting \_\_\_\_\_ James Marius G. Santos to undergo an On-the-Job Training program for a total of \_\_\_\_\_ 500 hours starting on \_\_\_\_\_ January 26, 2026 until \_\_\_\_\_ May 2026, at \_\_\_\_\_ MB Philippines Inc. (insert name of the institution or company where the On-the-Job Training will be conducted), in partial fulfillment of the requirements for the degree of Bachelor of \_\_\_\_\_ Science in \_\_\_\_\_ Information Technology.

I/We further understand that he/she should strictly observe the rules and regulations of \_\_\_\_\_ MB Philippines Inc. (insert name of the institution or company where the On-the-Job Training will be conducted) and NEUST, On-the-Job Training and Career Development Center, in relation to the said training.

I/We hereby agree to waive the responsibility on the part of the Nueva Ecija University of Science and Technology in relation to any loss, damage, death, injury or accident that may happen to him/her during the said On-the-Job Training, unless such loss, damage, injury, accident or death resulted from the fault or gross negligence of NEUST On-the-Job Training and Career Development Center.

I/We also hereby agree to hold render NEUST On-the-Job Training and Career Development Center free and harmless, including its officers, employees or agents, from any liability, suit or claim filed or made by any party for any injury (including death) or damage to property that my son/daughter may cause due to his/her willful acts, fault or negligence, whether or not the same arises from or is related to his/her On-the-Job Training Program.

I/We have likewise read the On-the-Job Training Program Waiver Form signed by my son/daughter and is fully agreeable with all the things stated thereon.

\_\_\_\_ Reynaldo A. Santos Jr.  
Name of Father/Guardian

Signature

01/16/2026  
Date

\_\_\_\_ Melanie G. Santos  
Name of Mother/Guardian

Signature

01/16/2026  
Date

\_\_\_\_ Reynaldo A. Santos Jr.  
Name of Guardian

Signature

01/16/2026  
Date**ACKNOWLEDGEMENT**

Name of Student: \_\_\_\_\_ James Marius G. Santos  
Home Address: \_\_\_\_\_ Maligaya Cabiao Nueva Ecija  
Telephone No.: \_\_\_\_\_ N/A  
Mobile No.: \_\_\_\_\_ 09654393608