



# UNIVERSITY OF MAKATI

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS  
CENTER FOR ADMISSION AND SCHOLARSHIPS




## APPLICATION FORM FOR COLLEGE

REGISTRATION NUMBER : 2023051372

ACADEMIC YEAR : 2023-2024

Date: February 28, 2023

LAST NAME	FIRST NAME	MIDDLE NAME	 JAMECER PINOTE BANE	Attach one 2x2 ID picture with name tag.
BANE	JAMECER	PINOTE		
CHOICE OF COURSE PROGRAM:				
1 <sup>st</sup> Choice: COLLEGE OF COMPUTING AND INFORMATION SCIENCES BACHELOR OF SCIENCE IN COMPUTER SCIENCE (APPLICATION DEVELOPMENT TRACK 2021)				
2 <sup>nd</sup> Choice: COLLEGE OF COMPUTING AND INFORMATION SCIENCES BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY (INFORMATION AND COMMUNICATION ELECTIVE TRACK 2021)			K 2021	TY

TYPE OF STUDENT	SENIOR HIGH SCHOOL TRACK or PREVIOUS COURSE/PROGRAM
TRANSFEREE	ICT
Overall General Weighted Average	
89.00	

### PERSONAL INFORMATION

DATE OF BIRTH	AGE	GENDER	CITIZENSHIP	RELIGION
11/29/2001	21	M	FILIPINO	CATHOLIC

### COMPLETE HOME ADDRESS

No. / STREET / VILLAGE / SUBDIVISION	BARANGAY	CITY	PROVINCE
021 HONEY DEW ST.	PINAGBUHATAN	CITY OF PASIG	SECOND DISTRICT

### PROVINCIAL ADDRESS

No. / STREET / VILLAGE / SUBDIVISION	BARANGAY	CITY	PROVINCE
6015	BANKAL	CITY OF LAPU-LAPU	CEBU

### CONTACT INFORMATION

STUDENT'S MOBILE No.: 09124331187	STUDENT'S E-MAIL ADDRESS: jamecer.bane@umak.edu.ph
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### EDUCATIONAL BACKGROUND

	NAME AND ADDRESS OF SCHOOL GRADUATED	YEAR GRADUATED
GRADE SCHOOL	NAGPAYONG ELEMENTARY SCHOOL - MOVALE ST. NAGPAYONG PINAGBUHATAN PASIG CITY	2014
JUNIOR HIGH SCHOOL	NAGPAYONG HIGHSCHOOL - JACOB ST. CENTENTIAL II NAGPAYONG PINAGBUHATAN PASIG CITY	2018
SENIOR HIGH SCHOOL	ARELLANO UNIVERSITY - PAG-ASA ST. CANIOGAN, PASIG CITY	2020

### IN CASE OF EMERGENCY, IF UNABLE TO CONTACT PARENT, CONTACT

FATHER	RICSON BANE	PHONE No.	09928240154
HOME ADDRESS	021 BLK 3 HONEY DEW ST. SUNRISE VILLE NAGPAYONG PINAGBUHATAN PASIG CITY		
MOTHER	LAZARINA BANE	PHONE No.	09382769208
HOME ADDRESS	021 BLK 3 HONEY DEW ST. SUNRISE VILLE NAGPAYONG PINAGBUHATAN PASIG CITY		
GUARDIAN	LAZARINA BANE	PHONE No.	09382769208
HOME ADDRESS	021 BLK 3 HONEY DEW ST. SUNRISE VILLE NAGPAYONG	E-MAIL ADDRESS	lazarina.bane@gmail.com




PINAGBUHATAN PASIG CITY


**SPECIAL ACCOMMODATION**

DO YOU NEED SPECIAL ACCOMMODATION	NO	LIST OF DISABILITY	
PWD ID			

**UNTRUTHFUL INFORMATION AND FALSIFIED DOCUMENTS WILL  
DISQUALIFY YOUR APPLICATION**

**I DECLARE THAT THE INFORMATION PROVIDED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**  
If admitted, I agree to abide by the policies, rules or regulation of the University. I understand that giving false information will make me ineligible for admission. I also allow the University to release and use information I provided for admission purposes. Lastly, I understand that all documents presented will become property of the University of Makati Admissions Office and are not to be returned.

  
JAMEER P. BANE  
Signature over printed name

  
LAZARENA P. BANE 2/03/2023  
Signature over Printed Name of Parent /  
Guardian and Date





Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province _____		Registry No. <b>2001-22815</b>	
City/Municipality <b>PASIG CITY</b>			
<b>1. NAME</b> (First) (Middle) (Last) <b>JAMEER PINOTE BANE</b>			
<b>2. SEX</b> <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<b>3. DATE OF BIRTH</b> (day) (month) (year) <b>29 November 2001</b>	
<b>4. PLACE OF BIRTH</b> (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>Pasig City General Hospital P. Legaspi Ext. Maybunga Pasig City</b>			
<b>5a. TYPE OF BIRTH</b> <input type="checkbox"/> 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		<b>5b. IF MULTIPLE BIRTH, CHILD WAS</b> <input checked="" type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
<b>6. BIRTH ORDER</b> (five births and fetal deaths including this delivery) (first, second, third, etc.) <b>1st</b>		<b>7. WEIGHT AT BIRTH</b> <b>2.2 k</b> grams	
<b>8. MAIDEN NAME</b> (First) (Middle) (Last) <b>Lezarina Calderon pinote</b>			
<b>9. CITIZENSHIP</b> <b>Fil</b>		<b>10. RELIGION</b> <b>Catholic</b>	
<b>11. Total number of children born alive:</b> <b>1</b>		<b>12. No. of children still living including this birth:</b> <b>1</b>	
<b>13. OCCUPATION</b> <b>Housewife</b>		<b>14. Age at the time of this birth:</b> <b>23</b> years	
<b>15. RESIDENCE</b> (House No., Street, Barangay) (City/Municipality) (Province) <b>Magdayong II Roxas St. Blk. 23 Lt. 58 Pinagbuhatan Pasig City</b>			
<b>16. NAME</b> (First) (Middle) (Last) <b>Ricson Piosang Bane</b>			
<b>17. CITIZENSHIP</b> <b>Fil</b>		<b>18. RELIGION</b> <b>Catholic</b>	
<b>19. OCCUPATION</b> <b>Farmer</b>		<b>20. Age at the time of this birth:</b> <b>24</b> years	
<b>21. DATE AND PLACE OF MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>April 13, 2000 At Cebu City</b>			
<b>22. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify _____)			
<b>23. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <b>1:10 pm</b> o'clock am/pm on the date stated above.			
Signature _____ Name in Print _____ Title or Position _____		Address <b>Pasig City Gen. Hospital P. Legaspi Ext. Maybunga Pasig City</b> Date <b>Dec. 12, 2001</b>	
<b>24. INFORMANT</b> Signature _____ Name in Print <b>Ricson Bane</b> Relationship to the child <b>Father</b>		Address <b>Same as above</b> Date <b>Dec. 12, 2001</b>	
<b>25. PREPARED BY</b> Signature _____ Name in Print <b>Melda L. Biscocho</b> Title or Position <b>Head, Medical Records Section</b> Date <b>Dec. 12, 2001</b>		<b>26. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature _____ Name in Print <b>JULIETA B. JAVIER</b> Position <b>REGISTRAR (NUL-UE-ICER IV)</b> Date <b>DEC 19 2001</b>	

REMARKS/ANNOTATION

06676-6G-005FSA-00066-BI003

BEST POSSIBLE IMAGE



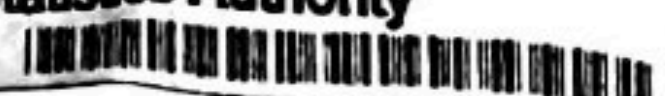
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Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
**LISA GRACE S. BERSALES, Ph.D.**  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority





ICCT COLLEGES FOUNDATION, INC.  
V.V. Soliven Avenue II, Cainta, Rizal

GRADE SUMMARY

Student Number : TA202000055  
Student Name : BANE, JAMECER PINOTE  
Gender : MALE  
COURSE : BSIT  
: BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY

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SubjCode	Subject Description	Grade	Credit
1st Trimester/Semester, 2020-2021			
OLENG01	PURPOSIVE COMMUNICATION	1.00	3
OLFIL-01	KOMUNIKASYON SA AKADEMIKONG FILIPINO	1.25	3
OLMATH01	MATHEMATICS IN THE MODERN WORLD	1.25	3
OLSOFA01	OFFICE APPLICATION SOFTWARE (3/1)	1.25	4
2nd Trimester/Semester, 2020-2021			
OLCC01	INTRODUCTION TO COMPUTING	1.75	3
OLCPPROG1	INTO TO COMPUTER PROGRAMMING (USING VB NET)	1.75	4
OLIT01	LIVING IN THE IT ERA SOCIAL MEDIA APP (3/1)	2.00	4
OLNSTP-1	NATIONAL SERVICE TRAINING PROGRAM 1	1.25	3
OLPHYE001	PHYSICAL FITNESS	2.00	2
OLSS01	READING IN THE PHILIPPINE HISTORY	1.00	3
OLSTS01	SCIENCE TECHNOLOGY AND SOCIETY	2.25	3
OLVAL01	UNDERSTANDING FOR SELF	1.00	3
3rd Trimester/Summer, 2020-2021			
OLCC02	FUNDAMENTALS OF PROGRAMMING (3/1)	1.25	4
OLCPPROG2	OBJECT ORIENTED PROGRAMMING (INTRO TO JAVA)	1.00	4
OLFIL-02	PAGBASA AT PAGSULAT TUNGO SA PANANALIKSIK	1.00	3
OLINFBDS	FUNDAMENTALS OF DATABASE SYSTEM (3/1)	1.75	4
OLPHYE002	RHYTHMIC ACTIVITIES	2.00	2
OLPHYE003	DUAL SPORTS/GAMES	2.00	2
OLSS02	THE CONTEMPORARY WORLD	1.25	3
OLVAL02	ETHICS	1.75	3

Nothing Follows!

Issued this day of FEB 04 2023, 20\_\_ for Evaluation purposes only. Not valid as transfer credential.



REGISTRATION  
ICCT

FEB 04 2023





JAMECER PINOTE BANE