



2025 PRACTICAL TRAINING PROGRAM (PTP)

REPLY SLIP

Date: _____

MS. EMELITA P. BAGSIT

Director
DOST CALABARZON

Re- Plan for Practical Training

1. [] I will undertake the 2025 PTP;
[] I will need a referral letter. Please address it to:

	(1)	(2)	(3)
Contact Person			
Designation			
Company/Institute			
Mailing Address			
E-mail Address			
Phone No.			

(Maximum of three [3] referral letters may be provided per scholar. Please get the correct name and designation of the contact person. This can make a difference to your application with the training institution.)

2. [] I cannot participate in the training because

Attach supporting document for your reason

Name of Scholar: _____ Sex: _____ Signature: _____

Batch/Scholarship Program (Please check.)

4-Year Course

- [] 2022 RA 7687
 - [] 2022 Merit
 - [] 2024 JLSS-RA 7687
 - [] 2024 JLSS-RA 10612
 - [] 2024 JLSS-Merit

5-Year Course

- [] 2021 RA 7687
 - [] 2021 Merit
 - [] 2023 JLSS-RA 7687
 - [] 2023 JLSS-RA 10612
 - [] 2023 JLSS-Merit

6-Year Course

- 2020 RA 7687
 - 2020 Merit
 - 2022 JLSS-RA 7687
 - 2022 JLSS-RA 10612
 - 2022 JLSS-Merit

Course/School : _____
E-Mail Address : _____ Phone No. _____