



## 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. \_\_\_\_\_