



DEPARTMENT OF SCIENCE AND TECHNOLOGY
DOST Regional Office No. IX

CUSTOMER'S PROFILE FORM

Name	
Designation/ Position	
Residential Address	
Agency / Firm	
Business of the Firm	
Product Line	
Type of Organization	
Date Established	
Name of Head of Agency/ Firm	
Business Address	
Contact Nos.	
Website /E-mail Address	

Type of Technical Assistance Sought (kindly check):

<input type="checkbox"/>	Project Fund (SETUP, GIA, R&D)	<input type="checkbox"/>	Other services (please specify)
<input type="checkbox"/>	Consultancy Services	<input type="checkbox"/>	
<input type="checkbox"/>	Packaging	<input type="checkbox"/>	
<input type="checkbox"/>	Labeling	<input type="checkbox"/>	
<input type="checkbox"/>	Laboratory Services	<input type="checkbox"/>	
<input type="checkbox"/>	Technical Training	<input type="checkbox"/>	

Accomplished by:

Date:

REMARKS/ACTION TAKEN:

Handled by:

Date:

Remarks by C/PSTD

Noted by:

Date: