



BGOVICT Form No. G0001v2.3.s2024

## ICT TECHNICAL ASSISTANCE FORM

|   |  |   |
|---|--|---|
| COMPLETE NAME OF ORGANIZATION   | MINISTRY OF BASIC HIGHER AND TECHNICAL EDUCATION   |   |
| COMPLETE ADDRESS OF ORGANIZATION  | Central Office, RELC Bldg.Bangsamoro Government Center Rosary Heights 7, Cotabato City   |   |
| TICKET CODE<br><small>Please attached the BICTO Support Desk System ticket code</small> | #1570  |   |
| TYPE OF ORGANIZATION  | <input type="checkbox"/> Ministry <input type="checkbox"/> Agency <input type="checkbox"/> Office <input type="checkbox"/> Special Project <input type="checkbox"/> Others   | CONCERN TYPE  |
| DIGITAL PLATFORMS CONCERN   | <input type="checkbox"/> BGOVMAIL <input type="checkbox"/> BGWHS <input type="checkbox"/> BGVCS <input type="checkbox"/> BGMPs <input type="checkbox"/> BGDNS <input type="checkbox"/> Others  | <input type="checkbox"/> NEW ACCOUNT<br><input type="checkbox"/> MODIFICATION |
| PURPOSE OF REQUEST<br><small>Please explain the details of the concern</small>          | unable to access the current credentials due to upgrading the Database, security concerns, etc.]<br><a href="https://mbhte.bangsamoro.gov.ph/">https://mbhte.bangsamoro.gov.ph/</a> and <a href="http://www.bldrp-mbhte.bangsamoro.go.ph">www.bldrp-mbhte.bangsamoro.go.ph</a> |   |

## TECHNICAL INFORMATION SECTION

| FOR NEW ACCOUNTS ONLY |                             |  | FOR MODIFICATION ONLY |                             |  |
|-----------------------|-----------------------------|--|-----------------------|-----------------------------|--|
| No.                   | EMAIL OR USERNAME OR DOMAIN | Other Details (Such as IP Address, etc.) | No.                   | EMAIL OR USERNAME OR DOMAIN | Other Details (Such as IP Address, etc.) |
| 1                     |                             |  | 1                     |                             |  |
| 2                     |                             |  | 2                     |                             |  |
| 3                     |                             |  | 3                     |                             |  |
| 4                     |                             |  | 4                     |                             |  |
| 5                     |                             |  | 5                     |                             |  |
| 6                     |                             |  | 6                     |                             |  |
| 7                     |                             |  | 7                     |                             |  |
| 8                     |                             |  | 8                     |                             |  |
| 9                     |                             |  | 9                     |                             |  |
| 10                    |                             |  | 10                    |                             |  |

## TECHNICAL CONTACT SECTION

| PRIMARY CONTACT FOCAL          |  | SECONDARY CONTACT FOCAL                  |  |
|--------------------------------|--|--|--|
| Haron D. Salah                 |  | Ameer Yussief Santiago                   |  |
| Name                           |  | Name                                     |  |
| haron.salah@mbhte.barmm.gov.ph |  | ameeryussief.santiago@mbhte.barmm.gov.ph |  |
| Email                          |  | Email                                    |  |
| Chief, IT section              |  | Programmer                               |  |
| Designation                    |  | Designation                              |  |
| 09176281579                    |  | 09068994613                              |  |
| Contact Number                 |  | Contact Number                           |  |

☒ I hereby certify that the information provided in this form is true and correct.

|   |  |                    |
|---|--|--------------------|
| <input type="checkbox"/> Digital Copy             | <div>HARON D. SALAH</div> <div>PRINTED NAME AND SIGNATURE</div> <div>HEAD OF ORGANIZATION</div> <div>Date signed</div> | BICTO - ISDMS ONLY |
| Seal this form using your organizations dry seal. |  | Received Stamp     |

## ACTION SLIP (BICTO ONLY)

| REVIEWED BY | ACTION TAKEN  | FINAL APPROVAL                                      | RECOMMENDATION   |
|-------------|---|---|--|
|             | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DISAPPROVED<br><input type="checkbox"/> INCOMPLETE<br><input type="checkbox"/> FOR REVIEW | DATU RAFFY RALPH S. SINSUAT, MSc.IT<br>SECTION HEAD | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |

NOTE: Please send the accomplished form using your account at <https://support.bangsamoro.gov.ph> and attach it to your existing ticket.

## INSTRUCTIONS

1. All fields in the form must be filled out. If not applicable, write N/A.
2. Entries in the form may be filled out through handwriting or computer. If handwritten, please write legibly.
3. Indicate the COMPLETE name of your organization. DO NOT ABBREVIATE (e.g. Bangsamoro Information and Communications Technology Office).
4. Indicate the COMPLETE address of your agency (e.g. Bangsamoro Government Center., Governor Gutierrez Avenue, Rosary Heights VII, Cotabato City 9600).
5. There should be two (2) authorized contact persons and should be an employee of your agency. Authorized contact person from a third party is NOT allowed. Each contact person should have different phone numbers and email addresses.
6. Tick the box "I hereby certify that the information provided above is true and correct."
7. The Agency Head or MIS head must affix his/her signature over printed name and indicate the date when the form was signed.
8. Attach the scanned copy with dryseal or stamp seal (in PDF format) to your created ticket in <https://support.bangsamoro.gov.ph>.