





PCOVICT Form No. 60001u2 2 c2024

	Disposa				BGOVICT Form No. G0001v2.3.s2	
		ICT TECHNICAL	AS	SISTANCE FORM		
COMPLETE NAME OF	Office of the C			g Alay sa Bangsamorong Nangangai	langan)	
ORGANIZATION OMPLETE ADDRESS OF	DPA Building Notre Dame Avenur Rosary Heights Cotabato City					
ORGANIZATION TICKET CODE	with the room may be made on mongh handwriting or computer. If headwritten, places write					
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TYPE OF ORGANIZATION	☐ Ministry ☐ Agency ☐ Office ☑ Special Project ☐ Others				CONCERN TYPE	
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PR	IMARY CON	TACT FOCAL			ONTACT FOCAL	
FAIZAL G. MANGULAMAS			I M			
Name			POR	Name		
fmangulamas@gmail.com			T A	Y A A		
Email			Ť	Email		
Media Production Specialist II			E T	D E E T		
Designation			Designation			
9163044811			*	Contact Number		
	Contact N		_		Number	
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REVIEWED E	Name and Administration of the Control of the Contr	ACTION TAKEN		FINAL APPROVAL	RECOMMENDATION	
		APPROVED DISAPPROVED INCOMPLETE FOR REVIEW		DATU RAFFY RALPH S. SINSUAT, MSc.IT	APPROVED DISAPPROVED	