

	TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES Ayala Blvd., Ermita, Manila, 1000, Philippines Tel No. +632-301-3001 local 204 Fax No. +632-521-4063 Email: irjp@tup.edu.ph Website: www.tup.edu.ph	Index No.	F-IRJ-6.6-AIT
		Issue No.	01
		Revision No.	00
		Date	11242017
VAA-IRJ	APPLICATION FOR SUPERVISED INDUSTRIAL TRAINING	Page	1 / 1
		QAC No.	CC-11242017



Date: September 28, 2021

The Director
Industrial Relations and Job Placement
This University

Sir :

May I apply for placement in the Supervised Industrial Training I/ II. The following are my particulars and preferences for your information and guidance.

I. PERSONAL DATA

Name: Hyacinth Escosura	ID # TUPM-18-1311
Sex : Female	Civil Status: Single
Home Address: #7 Limjap St. Bahayang Pag-asa Phase 6 Molino 5 Bacoor, Cavite	Religion: Roman Catholic
Telephone no. : 046-416-9645	Cell phone no.: 09770634633

II. ACADEMIC DATA

Course: BET-CPET	Major : Computer Engineering Technology
Year & Section: 4th Year - A	Session: _____Day _____Eve

III. PREFERENCE FOR PLACEMENT

Company: _____
Address : _____
Contact Person: _____
Position : _____ Tel. #.: _____

(Signature of student over Printed Name)


Recommending Approval:

ALESSANDRO T. PETRACHE
Faculty In-Charge

Approved;

PROF. GHAZALI ILLUMINADA R. SISON
OIC-Director

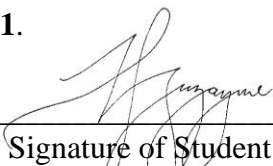
Transaction ID	
Signature	

	TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES Ayala Blvd., Ermita, Manila, 1000, Philippines Tel No. +632-301-3001 local 204 Fax No. +632-521-4063 Email: irjp@tup.edu.ph Website: www.tup.edu.ph	Index No.	F-IRJ-6.6-SIW
		Issue No.	01
		Revision No.	00
		Date	11242017
VAA-IRJ	WAIVER	Page	1 / 1
		QAC No.	CC-11242017

I, **Hyacinth Escosura** age **21 years old** and residing at **#7 Limjap St. Bahayang Pag-asa Phase 6 Molino 5 Bacoor, Cavite** and applied for Supervised Industrial Training with a cooperating firm/company/ agency through the request of the Technological University of the Philippines, Industrial Relations and Job Placement Division and in consideration therefore, hereby freely and voluntary assume myself the following duties.

1. That I recognize the authority of my cooperating company or agency where I will be placed and submit myself to all the rules and regulation that are imposed upon me in connection with my training, and
2. That I renounce and waive any claim against the cooperating company/agency and the Technological University of the Philippines for any injury that I may sustain, or loss that I may suffer, personal or pecuniary, in the performance of my duties or function while under training.
3. No Employee-Employer relationship.

Signed at Manila, Philippines, this **28th** day of **September 2021**.



Signature of Student

Left Hand
Thumb mark

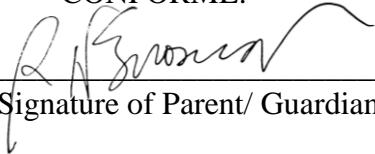
Right Hand
Thumb mark

Community Tax Certificate No: _____

Place of Issue _____

Date of Issue _____

CONFORME:



Signature of Parent/ Guardian

Address: **#7 Limjap St. Bahayang Pag-asa
Phase 6 Molino 5 Bacoor, Cavite**

Community Tax Certificate No. _____

Place of Issue _____

Date of Issue _____

WITNESS:

ALESSANDRO T. PETRACHE

Faculty-in-Charge

PROF. LOUIE V. SORIANO

Department Head

Transaction ID	
Signature	