



CITY GOVERNMENT OF PASIG
Person with Disability Affairs Office PDAO
DEPARTMENT OF HEALTH

Philippine Registry for Person With Disability Version 3.0



NEW: **RENEWAL:** **LOST:** **REPLACEMENT:** **TRANSFER:**

3. PERSONS WITH DISABILITY NUMBER (8K PPM/01-888-XXXXXX)		4. DATE APPLIED*		Place 1x1 Photo Here
5. PERSONAL INFORMATION*				
LAST NAME,*	FIRST NAME,*	MIDDLE NAME,*	SUFFIX	
6. DATE OF BIRTH*		AGE,*	S. RELIGION*	E. ETHNIC GROUP
7. SEX*		8. CIVIL STATUS*		9. BLOOD TYPE:
<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Widower
		<input type="radio"/> Widow(er)	<input type="radio"/> Cohabitation (live-in)	
10. TYPE OF DISABILITY*		11. CAUSE OF DISABILITY*		
<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Acquired		
<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Psychosocial Disability	<input type="checkbox"/> Cancer		
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Speech and Language Impairment	<input type="checkbox"/> Chronic illness		
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Congenital/Inborn		
<input type="checkbox"/> Orthopedic Disability		<input type="checkbox"/> Injury		
		<input type="checkbox"/> Rare Disease		
		<input type="checkbox"/> Autism		
12. RESIDENCE ADDRESS*		13. CONTACT DETAILS		
House No. And Street,*	Banigan,*	Municipality,*	Province,*	Region,*
14. EDUCATIONAL ATTAINMENT,*		Mobile Number:		Email Address:
<input type="checkbox"/> None		15. STATUS OF EMPLOYMENT:-		16. OCCUPATION:-
<input type="checkbox"/> Elementary Education		<input type="checkbox"/> Employed	<input type="checkbox"/> Managers	
<input type="checkbox"/> High School Education		<input type="checkbox"/> Unemployed	<input type="checkbox"/> Professionals	
<input type="checkbox"/> College		<input type="checkbox"/> Self-employed	<input type="checkbox"/> Technicians and Associate Professionals	
<input type="checkbox"/> Postgraduate Program		15a. CATEGORY OF EMPLOYMENT:-		<input type="checkbox"/> Clerical Support Workers
<input type="checkbox"/> Non-Formal Education		<input type="checkbox"/> Government		<input type="checkbox"/> Service and Sales Workers
<input type="checkbox"/> Vocational		<input type="checkbox"/> Private		<input type="checkbox"/> Skilled Agricultural, Forestry & Fishery Workers
		15b. TYPES OF EMPLOYMENT:-		<input type="checkbox"/> Plant and Machine Operators & Assemblers
		<input type="checkbox"/> Permanent/Regular		<input type="checkbox"/> Elementary Occupations
		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Armed Forces occupations
		<input type="checkbox"/> Casual		<input type="checkbox"/> Others, specify: _____
		<input type="checkbox"/> Emergency		
17. ORGANIZATION INFORMATION				
Organization Affiliated:	Contact Person:	Office Address:	Tel. No.:	
18. ID REFERENCE NO.:		GSIS NO.:		PAGIBIG NO.:
SSS NO.:		PAGIBIG NO.:		PHILHEALTH NO.:
19. FAMILY BACKGROUND		LAST NAME	FIRST NAME	MIDDLE NAME
		FATHER'S NAME:		
		MOTHER'S NAME:		
		GUARDIAN'S NAME:		
20. ACCOMPLISHED BY,*				
20a. NAME OF REPORTING UNIT				
21. REGISTRATION NUMBER				

APPLICATION REQUIREMENTS

FOR NEW APPLICANT

- FWD Application Form
 - Recent Medical Certificate of Disability with Doctor's Signature, PTR & License Number
 - Voter's ID/Registration
 - Brgy. Certificate (if not a registered voter of Pasig City)

- 2pcs 1x1 ID picture
 - 1 whole body picture holding a recent calendar (proof of life)
 - Copy of Birth Certificate

- Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.

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- PWD Application Form
 - Old or New Medical Certificate of Disability with Doctor's Signature, PTR & License Number
 - Voter's ID/Registration

- * 2pcs 1x1 ID picture
 - * 1 whole body picture holding a recent calendar
(proof of life)
 - + Copy of Birth Certificate

- * Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.

FOR LOST ID: Please submit application form, copy of medical certificate, proof of loss (picture with recent calendar) and affidavit of loss.