

#### CITY GOVERNMENT OF SAN PABLO

### PAMANTASAN NG LUNGSOD NG SAN PABLO



CHED Recognized Local College TESDA Recognized Programs

ALCU Commission on Accreditation – Level 1 Accredited Member, Association of Local Colleges and Universities Member, Local Colleges and Universities Athletic Association, Inc.

#### PRACTICUM PRE-APPLICATION FORM

### STUDENT'S INFORMATION

GADAYAN, JOHN PATRICK S. NAME

**BSIT - WGD PROGRAM** 

09854805063 **CONTACT NUMBER** 

256 SITIO KAMAGONG BARANGGAY STA. LUCIA DOLORES, QUEZON **ADDRESS** 

gadayanpatrickjohn@gmail.com **EMAIL ADDRESS** 

**ON-THE-JOB TRAINING NATURE OF TRAINING** 

# **INSTITUTION/COMPANY'S INFORMATION**

SANGGUNIANG PANLUNGSOD NG

**SAN PABLO COMPANY NAME** 

7th FLOOR, CITY GOVERNANCE BUILDING,

A. ST., BRGY V-A, SAN PABLO CITY **ADDRESS** 

SECRETARIAL, RECORDS-KEEPING, ADMINISTRATIVE

**SERVICES OFFERED** 

MR. RUFO D. MILLAR, MBA NAME OF SUPERVISOR

(049) 562-4733 CONTACT NO.

sanggunian.sanpablo@gmail.com **EMAIL ADDRESS** 

## CONSENT

I have read the provided information, or it has been read to me, I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I understand that I will be given a copy of this form, and the coordinator/s will keep another copy on file.

I give my consent and voluntarily signed this form and authorized the coordinator/s to use my data entirely for educational purposes.

Conforme

**Signature over Printed Name** INSTITUTION/COMPANY

JOHNPATRICKGADAYAN

Signature over Printed Name TRAINEE/STUDENT

Address: Brgy. San Jose, City of San Pablo, Laguna Tel. no. (049) 523-6455/503-1269

E-mail: <u>dlsp\_reg@yahoo.com - (</u>Registrar's Office), <u>dlspsanpablocity1997@gmail.com</u>