



2023 DOST-SEI SCIENCE AND TECHNOLOGY
UNDERGRADUATE SCHOLARSHIPS APPLICATION FORM

FORM D – CERTIFICATION OF GOOD HEALTH

TO WHOM IT MAY CONCERN:

This is to certify that _____ is of good
(Name of Applicant)
health and is fit to study in college.

Printed Name & Signature

Designation _____
(i.e., Private Physician, Nurse, Barangay Health Center)

License No. _____

Date _____