APPLICATION FOR ON-THE-JOB TRAINING/INTERNSHIP

NUCLEAR TRAINING CENTER
PHILIPPINE NUCLEAR RESEARCH INSTITUTE
Commonwealth Avenue, Diliman, Quezon City
Telephone No.: 929-60-11 to 19 local 236
Email: ntc@pnri.dost.gov.ph

Requirements to be submitted with this Application Form	**Internship Cycle Applied for:**
☐ Cover Letter	☐ 1 (January to March)
☐ Endorsement from Higher Education Institution (HEI) Head/Supervisor	☐ 2 (March to May)
☐ Resume	☐ 3 (May to July)
☐ Transcript of Records	☐ 4 (July September)
☐ Medical Certificate	☐ 5 (September to November)
	☐ 6 (November to January)

Name: ____ Sex: [ ] Male [ ] Female
Surname First Name Middle Name

Civil Status: ____________________ Date of Birth: ______________ Place of Birth: _____________________

Address:____

Email Address: ______________________________________ Contact No.: ___________________________

Name of School/HEI:____

Course: ____ Year Level: ______________

No. of Hours Needed for credit to HEI's in-service program: ___________________________________

Name of Supervisor/Internship Coordinator of HEI: ____

Email Address: ______________________________________ Contact No.: ___________________________

Please choose (1 only) the placement of internship position you are applying for:

Atomic Research Division	*Nuclear Regulatory Division*	*Nuclear Services Division*	*Technology Diffusion Division*	*Finance and Administrative Division*
☐ Agricultural Research ☐ Applied Physics Research ☐ Biomedical Research ☐ Chemistry Research ☐ Health Physics Research ☐ Nuclear Materials Research	☐ Inspection and Enforcement ☐ Licensing, Review and Evaluation ☐ Nuclear Safeguards & Security ☐ Radiological Impact Assessment ☐ Regulations and Standards Development	☐ Engineering Services ☐ Irradiation Services ☐ Isotope Techniques ☐ Nuclear Analytical Techniques Application ☐ Nuclear Reactor Operations ☐ Radiation Protection Services	☐ Business Development ☐ Nuclear Information and Documentation ☐ International Cooperation ☐ Management Information System ☐ Nuclear Training Center	☐ Accounting ☐ Budget ☐ Cashier ☐ General Services ☐ Human Resource Management and Records and Communication ☐ Property and Procurement

I certify that the information I provided for this application is true and correct.

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SIGNATURE OVER PRINTED NAME OF APPLICANT

To be filled-up by Nuclear Training Center:
Application requirements: ☐ COMPLETE ☐ INCOMPLETE Date Received & Checked: ________________ By: _________________

MEDICAL CERTIFICATE

NOTE: To be completed by a registered medical practitioner after thorough clinical and laboratory examination including chest x-ray.

Name of Candidate	Sex	Status

Is the person examined at present in good health and enjoying full work capacity?

Is the person examined able physically and mentally to undergo training?

Is the person examined free from infectious diseases which could present risks for both the candidate and his contacts during his training?

Does the person examined have any condition or defect which might require treatment during his training?

Full Name and Address of Examining Physician

Date

Signature of Examining Physician