



Research Institute for Tropical Medicine - Department of Health

9002 Research Drive, Filinvest Corporate City, Alabang, Muntinlupa City, 1781 Philippines
Tel Nos.: (632) 809-7599 / 807-2631/32/37 • Fax: (632) 842-2245 • Website: www.ritm.gov.ph



TRAINING: (Put an X mark)

- ☐ Competency Based Training on the Diagnosis of Malaria by Microscopy and Biosafety Workshop
☐ Competency Based Training on the Diagnosis of Parasitic Diseases of Public Health Importance and Biosafety Workshop

Or specify: _____

DATE OF TRAINING APPLIED: _____

TRAINEE
ASSIGNED NO:
(LEAVE IT BLANK)



TRAINEE INFORMATION SHEET

Please fill out in PRINTED letters

NAME: _____
Last Name First Name M.I.

DATE OF BIRTH: _____ MARITAL STATUS: _____ GENDER: _____
M.M DD YY

INSTITUTION/OFFICE: _____
☐ Private ☐ Government EMAIL ADDRESS: _____

POSITION/DESIGNATION: _____

OFFICE ADDRESS: _____

OFFICE PHONE NO.: _____ LOCAL: _____ MOBILE NO.:(optional): _____

College and Postgraduate Education (in order, latest first)

Degree	School	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Eligibility

Year obtained

Valid Until

PRC License no. (If applicable) _____



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PARASITOLOGY TRAINING ATTENDED

<i>Title of Training</i>	<i>Place of Training</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOOD RESTRICTION/S: _____

DORMITORY RESERVATION: NO YES ; Check-in: _____ out: _____
(Payment is upon check-out) Room Type: Single Non- Aircon (Php600.00/room/night)
Double Non- Aircon (Php800.00/room/night)
Single Aircon (Php850.00/room/night)
Double Aircon (Php1,100.00/room/night)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____
Relationship: _____ Mobile number : _____ Telephone number: _____

SIGNATURE OVER PRINTED NAME

DATE

DO NOT WRITE ANYTHING BELOW THIS LINE EXCEPT **ITEM NO. 4**

- | | |
|---|--|
| 1. TRAINING FEE: PHP _____ .00 | 3. PAID CANCELLED APPLICATION |
| 2. MODE OF PAYMENT`
CASH
CHECK
OTHERS: _____ | 4. NAME TO BE INDICATED IN THE O.R

_____ |