



Please return the accomplished form to PGC-CFB (2/F PGC Bldg., A. Ma. Regidor St., UP Diliman, Quezon City), or email a signed copy to bioinformatics@pgc.up.edu.ph.

PART A. USER INFORMATION		
LAST NAME	GIVEN NAME	MIDDLE NAME
DESIGNATION		DATE OF BIRTH
EMAIL ADDRESS		CONTACT NUMBER
INSTITUTION		
INSTITUTION ADDRESS		
Street/Bldg.		
City		Province
Country		Zip Code
PART B. PROJECT INFORMATION (Only if applicable)		
PROJECT TITLE		
PROJECT LEADER		
PROJECT START DATE		
PROJECT FINISH DATE		
PART C. TRAINING REQUEST DETAILS		
TRAINING TOPIC		
Preferred training start date		Preferred training end date

Number of participants:

BILLING INFORMATION

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Bill to Trainee

☐

Bill to Institution

☐

Bill to Project

ADDITIONAL MESSAGE

PART D. ACKNOWLEDGEMENT

I hereby certify that the information above is true and accurate.

Signature Over Printed Name of Applicant

Date Signed

For Institutional/Project Trainees:

I hereby certify that the applicant is a staff of the Institution/Project (whose details appears above) and is working under my supervision. I guarantee that all the expenses incurred by the applicant in relation to this training request will be paid by the Institution/Project.

Signature Over Printed Name of Supervisor

Date Signed

PART E. APPROVAL (To be filled by PGC-CFB Staff)

Identity of the applicant verified.

Signature Over Printed Name of Admin

Date Signed

Training event created.

Signature Over Printed Name of Specialist

Date Signed

PART F. PARTICIPANTS INFORMATION SHEET

[illegible]