



**DON BOSCO TECHNICAL COLLEGE**  
 736 General Kalentong St.,  
 Mandaluyong City 1550  
 Tel. (02) 8531-80-81 to 83  
 email: dbmanda.one-bosco.org  
 http://dbmanda.one-bosco.org  
 DDRA-ADM-2018-046

Attach recent Passport ID picture

**APPLICATION FORM**

**Technical Vocational Education and Training Center (TVET)**  
 School Year 20\_\_ - 20\_\_

**Please accomplish this application form and submit to the admissions office together with the following:**

- 1) Latest Copy of Grades (bring the original and submit photocopy).
- 2) PSA Birth Certificate (bring the original and photocopy).
- 3) Baptismal Certificate (bring the original and submit the photocopy).
- 4) Two Passport size ID picture
- 5) Passport, Alien Certificate of Registration (ACR), Special Study Permit (for foreign applicant)

**PROGRAM OFFERINGS:**  
 Mark your first choice 1 and your second choice 2

Industrial Electronics (Mechatronics Servicing NC II)

Ref and Aircon Mechanic (RAC Servicing DomRAC NC II)

Fitter Machinist (Machining NC II)

General Electrician (Electrical Installation and Maintenance NC II)

**Applicants with incomplete requirements will not be scheduled for testing. This form does not serve as your reservation for testing. An exam permit will be issued for this purpose.**

**PLEASE PRINT LEGIBLY**

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_  
 (Name on Birth Certificate)      **LAST**                              **FIRST**                              **MIDDLE**

**HOME ADDRESS** \_\_\_\_\_  
     **Lot/Blk/Bldg No.**                              **Street/Subd./Village**                              **Barangay**                              **City**

**CONTACT DETAILS:** \_\_\_\_\_  
     **Mobile Number**                              **Residence**                              **E-mail Address**

**DATE OF BIRTH:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **BIRTHPLACE** \_\_\_\_\_ **NATIONALITY** \_\_\_\_\_ **RELIGION** \_\_\_\_\_ **GENDER** \_\_\_\_\_  
**MM/DD/YYYY**

**CIVIL STATUS:** \_\_\_\_\_ If married name of Spouse \_\_\_\_\_ **DIALECT:** \_\_\_\_\_ **TALENTS/SKILLS** \_\_\_\_\_

**ACADEMIC INFORMATION**

LEVEL	NAME OF SCHOOL	LOCATION	SCHOOL YEAR ENTERED - ENDED
Nursery/Kinder			
Grade School			
Junior High School			
Senior High School			
ALS (Alternative Learning System)			
Tertiary			

**ADDITIONAL INFORMATION**

- A. Have you been involved in any disciplinary cases in your school?  Yes  No  
 If yes, please describe \_\_\_\_\_
- B. Do you have any medical/ learning behavioral concerns that may affect your performance in school?  
 Yes  No If yes, please specify \_\_\_\_\_
- C. What are your strengths? \_\_\_\_\_
- D. What areas do you need to improve on? \_\_\_\_\_

### FAMILY INFORMATION

	FATHER	MOTHER	GUARDIAN Relationship: _____
<b>NAME</b>			
<b>HOME ADDRESS:</b> Lot/Blk./Bldg. No. St./Subd./Village City			
<b>CONTACT DETAILS:</b> Mobile No. _____ Business/Landline No. _____ Email Address _____			
<b>RELIGION</b>			
<b>NATIONALITY</b>			
<b>OCCUPATION</b>			
<b>NUMBER OF SIBLINGS</b>			

Do you have relatives who have studied or are currently studying in Don Bosco Technical College? If so, please fill out the table below:

Name	Level/Year & Course	Year Ended	Relation

**EMPLOYMENT HISTORY (For Applicant - Formal or Informal Employment)**

Company	Position	Date Started	Date Ended

Please check ( / ) on the space provided. How did you become interested in Don Bosco Technical College?

- |   |   |
|---|---|
| <input type="checkbox"/> Advertisement              | <input type="checkbox"/> Guidance Counselor             |
| <input type="checkbox"/> An Alumnus                 | <input type="checkbox"/> Social Media                   |
| <input type="checkbox"/> Contact with DBTC Employee | <input type="checkbox"/> Visit to Campus                |
| <input type="checkbox"/> Friends                    | <input type="checkbox"/> Others, (please specify) _____ |

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ NATIONALITY \_\_\_\_\_  
Last
First
Middle

HOME ADDRESS \_\_\_\_\_  
Lot/Blk/Bldg No.
Street/Subd./Village
Barangay
City

CONTACT DETAILS \_\_\_\_\_  
Mobile Number
Office No./Landline
E-mail Address

REFERRED BY: \_\_\_\_\_

**FOR ADMISSIONS ONLY:**

<b>Attached with this form: (please check)</b>	
<input type="checkbox"/> Copy of Grades <input type="checkbox"/> Copy of PSA Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate	<b>Additional Requirements (For Foreign Applicant)</b> <input type="checkbox"/> Passport <input type="checkbox"/> Alien Certificate of Registration <input type="checkbox"/> Special Study Permit  Documents checked and verified by:  <div style="text-align: center;">_____</div> Signature over printed name

I hereby certify that the information supplied in this application is complete and accurate. I understand that such information is covered by the school's privacy policy and terms of agreement for students and applicants for admission, which I have read and signed.

\_\_\_\_\_  
Applicant's signature over printed name

\_\_\_\_\_  
Parent's signature over printed name