

REGIONAL OFFICE NO. _____

ID Picture Specification

Please refer to item II.A.2 at the the back of this form

Application for Grant of Eligibility Pursuant to R.A. 7160 (Barangay Official Eligibility)

INSTRUCTIONS: Fill in the required information. Put "n/a" for items not applicable to you. Submit this Form, together with the documentary requirements, to the CSC Regional/Field Office Concerned. This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten. Digital/scanned signature is strictly not allowed.

should be handwritte	n. Digital/scanned sig	nature is strictly not	allowed.				
1. APPLICANT'S I	NAME:		First nan	Edward a IS	Attitus Nove	Made Late	
1. APPLICANT'S NAME:					Middle Name		
3. COMPLETE PERMANENT ADDRESS :				First name	ZIF	Middle Name ZIP CODE	
4. SEX (M/F) :	_ 5. DATE OF BIR	TH : 6.	PLACE OF BIRTH : _	City/M			
7. CIVIL STATUS	: O Single O Marr	ied O Widowed C	Annulled O Legally Sep	arated Others, specify City/M	lunicipality & Province 8. CITIZENS	SHIP:	
				11. E-MAIL A			
12. EDUCATION	(include area code) (Highest Education	nal Attainment)					
Level of Edu	ication: O Eleme	ntary O High S	chool O College O	Master's O Doctorate			
	lress of school atte				Inclusive year	'S:	
Completion:	O Not GraduateO Graduated		ide/Year/Level/Units ear	neu			
Complete Ti		ee (for college/ma	ster's/doctorate):	(mm/dd/yyyy) Honors I	Major:		
•	IT (start from most						
Agency/Office	Name	Address	Position/Job Title	Status of Appt./Employme	nt Yrs. of Service	Gov't Service?	
					(поп-то)	(Tes/No)	
							
	SERVICE INFORM		h //M. minimalit.	Dravin	•••		
Position held Date of Election//			oointment	Municipality Province: ntment Inclusive Dates of completed Term: From: to (mm/dd/yyyy) to			
14 a If under	rulo on cucoossion	s cocify accumo	(mm/dd/yyyy)	Inclusive dates	(mm/dd/	yyyy) (mm/dd/yyyy)	
14.a ii unuei	Tule of Succession	i, specify assumed	u position neiu	Inclusive dates	(mm/dd/yyyy)	(mm/dd/yyyy)	
15. OTHER ELIGI	BILITY/IES: Title o	of Eligibility 1)		Date of	of Conferment (mm/dd/yy	yy):	
		2)		Date of	of Conferment (mm/dd/yyy	y):	
				Signature over f	ull printed name of th	e applicant	
DO NOT FILL BELOW	THIS LINE.						
Subscri	ibed and sworn to	before me this	day of	20			
			Signature over full i	printed name of Administering	a Officer Of	fice/Position	
INDORSEMENT (a	polication received in t	he CSC FO for indors		SC RO to other CSC RO , to be fill			
				RO No/CSC C			
			of the grant of Barangay		· · · · · · · · · · · · · · · · · · ·		
			Signs	ature over full printed name o	f CSC Field/Pegianal	Director/Date	
ACTION TAKEN	(for Processors C	nly): An		Barangay Official Eligibilit		DirectorDate	
ACTION TAREN	(IOI FIOCESSOIS C		_	Certificate o	-		
	7			Remarks			
I (Evaluation Fee)	I (Processing Fee) O.R No.:	O Dis	approved due to				
O.R No.: Date:	Date:						
Amount:	Amount:	Signature over	full printed name of 1st F	rocessor/Date Signature ove	er full printed name of	2 nd Processor/Date	
Collecting Officer	Collecting Officer	-	,		,		
I (Evaluation Fee)	I (Processing Fee)	+					
O.R No.:	O.R No.:		GMENT OF APPLICAT				
Date:	Date:	Received the a	pplication of	First name	Middle Name	tura Chapification	
		for grant of Bar	angay Official Eligibility	at CSC RO/FO	ID PIC	ture Specification	
Collecting Officer	Collecting Officer	Remarks:				Nama wafaw ta	
						Please refer to em II.A.2 at the	
					the	back of this form	
		Signature ove	er full printed name of Re	eceiving Officer	Date		

I. QUALIFICATIONS FOR THE GRANT OF BARANGAY OFFICIAL ELIGIBILITY (BOE) A. Checklist of Qualifications □ 1. Elective Official: ○ Punong Barangay/Brgy. Captain ○ Brgy. Specify inclusive dates of completed term of office: From (mm/dd/yyyy) □ 2. Appointive Official: ○ Brgy. Treasurer ○ Brgy. Secretary

A. Checklist of Qualifications 1. Elective Official: O Punong B	arangay/Brgy. Captain	O Brgy. Kag	awad/Councilor	O SK Chairma	n
Specify inclusive dates of comp 2. Appointive Official: O Brgy. Tr	easurer 🔿 Brgy. Se	cretary			
Specify inclusive dates of term on To (mm/dd/yyyy)	f office of the concerned app	ointing Punong Barar	ngay: From (mm/dd/yyyy	/)	
☐ 3. Completed the term of office spec (for appointive official)	ified by the prevailing law (fo	or elective official/corre	esponding to the appo	ointing Punong Barar	ngay
 4. Name of applicant is included in the succession of the succession of	cify assumed position held _	t issued by the DILG (Office concerned Inclusive dates: Fr	rom (mm/dd/yyyy)	
B. Evaluation on Qualifications for the Qualified (all qualifications set are not provided in the provided in	Grant of Eligibility met). Application for approval	l. not met			
II. DOCUMENTARY REQUIREMENTS FOR "n/a" for items not applicable)	SUBMISSION (To be acco	omplished only for o	qualified application	s; Put (x) for lackin	ng items and/or
A. Checklist of GENERAL REQUIREMENT 1. Properly accomplished CS Form		17 (all fields properly t	filled out, with "n/a" ind	dicated in all fields no	ot applicable to
the applicant) 2. Three (3) pieces of identical ID pic	•				••
□ Passport size (4.5 cm x 3.5 cm c□ Taken within three (3) months p	or 1.8 in x 1.4 in) rior to filing of application	□ Colored with white□ Taken in full-face	e background uview directly facing th	Printed in good qua	lity photo paper
 ☐ Showing left and right ears ☐ In bare face (with no eyeglasses enhanced 	s, colored contact lens or any	accessories that ma	l expressions and both y cover the facial feat	n eyes open ures; facial features	not computer
☐ In standard close-up shot (from positioned at approximately 1 in			t least 80% of the pict	ure and with the nam	ie tags
☐ With full and handwritten (not co (if any, Peter S. Cruz Jr.) and sign		g in the format: First N	lame, Middle Initial, L	ast Name, and Exter	ision Name
3. Original and photocopy of any of date of birth, signature, and with the accepted. Circle the ID card/s subject.	the following valid (not expire the name and signature of aut	ed upon filing of appliched in the second second in the se	cation) ID Card contai r. Any other ID card N	ning applicant's nam IOT included in the li	e, clear picture, st shall NOT be
◆ Current Office/Company ID ◆ School ID (must be duly valida		♦ GSIS ID	◆ Philheal	th ID ♦	NBI Clearance
 Passport (with signature of the 		Postal ID	♦ Baranga	ay ID	
◆ BIR ID■ 4. Original and photocopy of Birth Ce	rtificate of the applicant auth	enticated/issued by the	ne Philippine Statistics	Clearance (with pictures Authority (PSA);	,
[Note: In case where the PSA-issued Birth form, the applicant shall, in addition, be req	Certificate is not legible, or the PS uired to submit the original and pho-	A has duly issued a Nega tocopy of his/her Birth Cert	tive Certification of Birth (Fificate that is authenticated	PSA CRS Form No. 1) pri	nted in PSA security Registrar.]
5. For female married applicants, original control of the contr	inal and photocopy of Marria ant shall, in addition, submit t	age Certificate auther he original and photo	ticated/issued by the copy of her Marriage	PSA. In case the PS Certificate authentica	A Marriage ated/issued
☐ 6. Certification of No Pending Admini☐ 7. If filing of application is through a r	epresentative: 🗀 A	Authorization letter ex	opril 2012) ecuted by the applicat by of one (1) valid I.D o		ative
B. Checklist of SPECIFIC REQUIREMEN			y or one (1) valid 1.D (sard of the represent	utivo.
 1. Certification from authorized DIL- using the prescribed CSC-ERPO 	3 official at the municipal, cit BOE Form 1(a), Revised F	ty, provincial or region ebruary 2017, for ele	nal level of the service ective barangay offici	es rendered by the bals, or CSC-ERPO	arangay official, BOE Form 1(b).
April 2012, for appointive baranga 2. Certification from the Barangay Ch	y officials	,	0,7	u.o, o. ooo <u>-</u> o	
3. Duly signed oath-taking certificate	or other proofs of having bee	en duly elected or app	pointed such as election		
4. Notarized affidavit stating that the and that he/she did not receive a	ny form of salary/compensa				
his/her term of office or service re 5. For appointive barangay officials (gay Treasurer), notar	ized Affidavit stating t	hat the appointive ba	arangay official
is not related up to the 4th degree 6. Original/Authenticated and dry-se	of consanguinity, or of affini	ty, to the appointing F	Punong Barangay		
be submitted by DILG to CSC RO 7. Other documents as may be deen)		•		•
official			lying authenticity of in	iormation supplied b	y tile balangay
CERTIFICATION (to be accomplished only for We certify that we have reviewed the		. ,	ents submitted by		on
his/her application for the grant of the Barang	•	• •	•		
Cignature over printed full pa	mo of Evaluator	Cignoture	over printed full name	of Approving Officer	
Signature over printed full na Position		•	over printed full name		
CSC Regional Office No may	he reached at the following	l csc	Field Office may	he reached at the	following
contact information:	be reaction at the following	contact information		bo redefied at the	lollowing
•		Telephone No.	:		
Cellular Phone No. : Fax No. :		Cellular Phone No. Fax No.	:		
		E-mail address			
Contact Person :		Contact Person	:		