Republic of the Philippines CIVIL SERVICE COMMISSION Batasan Hills, Quezon City

CS Form 101-B (Revised, Dec. 2011) THIS FORM IS NOT FOR SALE. REPRODUCTION IS ALLOWED.

Application for Grant of Eligibility Pursuant to E.O. 132/790 (Veteran Preference Rating)

Recent ID Photo

- Passport size (4.5 cm x 3.5 cm)

- White background

- In close-up shot (from shoulder level up with head & face occupying at least 80% of the picture and with name tag at approx. 1" below the chin)

- In bare face (without eye glasses/colored contact lens/any facial accessory; facial features not computer-enhanced)

- Showing left and right ears

- With hand-held & written (not computerized) and legible name tag showing signature over complete

showing signature over complete printed name in the format FN-MI-LN-EN 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. (Note: This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten.

showing signature over complete printed name in the format FN-MI-LN-EN

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|------------------------|--|--|--|--|--|
| 1. APPLICANT'S NA | ME: | Last name | First name | Ext. name | Middle name Middle Initial |
| 2. MOTHER'S MAID | DEN NAME: | Last name | | First name | Middle name |
| 3. COMPLETE PER | RMANENT MAILING A | DDRESS: | | | ZIP CODE |
| 4. SEX (MF): | 5. DATE OF BIRT | TH (mm/dd/yyyy): | 6. PLACE OF BIRTH | (City/Municipality & Province): | a recovery bas luments of the |
| 7. CIVIL STATUS: C | O Single O Married | O Legally Separated O | Annulled O Widowed O Othe | rs, specify 8. CI | TIZENSHIP: |
| 9. TEL. NO.: | 即的 | _ 10. CELLULAR PHON | ENO.: | 11. E-MAILADDRESS: | Street Citions * |
| | lighest Educational At | tainment) | | | |
| | | | O College O Master's O | Doctorate | |
| | | | | el/Units earned: | Bits supported to the Hungold A. L. |
| Lineal One (Segment) | If graduated, date of G | Graduation/Completion (mi | m/dd/yyyy): | Honors received: | (CMRX)-CR-CPTSSS |
| Complete Title of | f Course/Degree (for coll | lege, master's, doctorate): | and the state of t | Major: | Michigan Service Communication (Communication Communication Communicatio |
| | of school attended: | | | | Inclusive years: |
| | (Present & Previous | | | | |
| Ageny/0 | Office | Address | Position/Job Title | Status of Appt./Employment | Inclusive Years Gov't Service' |
| 14. Information on th | e Veteran/Examination | n Taken | (CASE ZIJORES) | A REMANDED THE SECURITY OF THE | 20 year old to the think of the state of the |
| | | | | | |
| Date of birth (mm/do | d/yyyy) Last n. | Place of birth (City/Mun.) | First name & Province) | Ext. name Relations | Middle name Middle initial hip to the veteran |
| Title of examination | n to which VPR shall h | e applied | | | mip to the veterall |
| | | | Place of examination | | Sinemakanii edi 21 CJ |
| | | | | | m/dd/yyyy) |
| Tor ourse Engionity/ic | 2) | | | | Tilodyyyyy) |
| DO NOT FILL BELOW TH | HIS LINE. | , | 122 | Signature over full printed | name of the applicant |
| Subscrib | ed and sworn to before | e me this | day of2 | O — eaths motorcute act is | |
| | Vision | | Signature over full printed na | mo of Administrating Officer | Office/Position |
| | | PRINCE TO SELECT | Signature over full printed har | The of Administering Officer | Office/Position |
| | | CSCRO to CSCCO; To | be filled up ONLY as applicable |): /CSCCO as received by | CSCEO- |
| | | | and processing of the grant of VI | | Contract Contract in the Contract Contr |
| | | , ioi appioro | a drie processing of the grant of vi | Trongiomey. | |
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| 109890015 | full partied name of 2 rd | Signeture over | Simple Company of the Company of the Si | gnature over full printed name of CS | SC Field/Regional Director / Date |
| | Political | 600 | | | |
| ACTION TAKEN (to | or Processors only): | O App | oroved O Disapproved due | | ompliance |
| (Evaluation Fee) | (Processing Fee) | To change of balan and | ACT TO THE SECOND SECON | ge sail | |
| O.R. No.: | | | more off bond his ediction/blast | Date of Effectivity (r | mm/dd/yyyy) |
| Date: | _ Date: | Certificate of Eligibility | No | Serial No | Remarks |
| Amount: | Amount: | Signature dutt | | | |
| Collecting Officer | Collecting Officer | | ull printed name of 1st Processor/I | | printed name of 2 nd Processor/Date |
| (Evaluation Fee) | (Processing Fee) | + | | | |
| O.R. No.: | Company of the Compan | APPLICATION REC | CEIPT 1880 to be | | Recent ID Photo - Passport size (4.5 cm x 3.5 cm) |
| Date: | _ Date: | - Dansk J. | g.onlivolist sit | | - White background |
| Amount: | _ Amount: | _ Received the applicati | On ofLast Name | First Name Middle Name | In close-up shot (from shoulder level up with head & face occupying at least |
| | | | | | 80% of the picture and with name tag at approx. 1" below the chin) |
| Collecting Officer | Collecting Officer | for grant of eligibility | under special laws & CSC issuan | ces at CSCRO/FO | - In bare face (without eye glasses/ |
| | | | | | colored contact lens/any facial accessory; facial features not computer- |
| | | | bbs liem.3 | | enhanced) - Showing left and right ears |
| | | | Signature over full | printed name of Receiving Officer/D | Date - With hand-held & written (not |
| | | | leant Damed | Carrier (1997) | computerized) and legible name tag |

| I. | QU | ALIFI | CATIONS FOR THE GRANT OF VPR ELIGIBILITY | | | | | | | |
|------|-------|---|--|--------------------------------|------------------------------|--|--|--|--|--|
| | A. | | ecklist of Qualifications | | | | | | | |
| | | | Applicant is qualified to avail of VPR as: O Veteran himself/herself O Vet Title of failed examination to which the VPR shall be applied is covered by the | | | child | | | | |
| | | | O Career Service Professional O Career Service Sub-Professional O F | ire Office | r O Penology Office | | | | | |
| | | | 3. Veteran is a World War II veteran as certified by the PVAO pursuant to the defin | ition prov | ided under CSC MC N | No. 8, s. 2006 for | r purposes of the VPR grant | | | |
| | B. | | aluation on Qualifications for the Grant of Eligibility | | | | | | | |
| | | | Qualified (all qualifications set are met). Application for approval. Not qualified. Application for disapproval. Specify qualification/s not met | | | | | | | |
| | | | armanicamie (phlad sone | 12/019 | Geraldia) | | 00-31-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0- | | | |
| II. | DO | CUMI | ENTARY REQUIREMENTS FOR SUBMISSION (To be accomplished only for qual | ified app | ications; Put asterisk | (*) for lacking it | tems and/or "n/a" for items not applicable) | | | |
| | A. | | ecklist of GENERAL REQUIREMENTS: | CII - J | | II | COMMENCE DESCRIPTION OF LOW OF LOW I COM | | | |
| | | 0 | Properly accomplished CS Form 101-B, Revised Dec. 2011 (all fields properly Three (3) pieces of identical, recent I.D. pictures with the following specification: | nnea out, s: | with "n/a" indicated in | n all fields not ap | oplicable to the applicant) | | | |
| | | | ☐ Passport size (4.5 cm x 3.5 cm) ☐ In white background | 0 | Printed on quality pho | Children of the Control of the Contr | | | | |
| | | | In bare face (without eye glasses/colored contact lens/any facial accessory; facial fea In standard close-up shot (from shoulder level up with head and face occupying at | | | | Showing left and right ears ned at approximately 1" below the chin) | | | |
| | | | With handheld and written (not computerized), and legible name tag showing sign | ature over | complete printed name | | | | | |
| | | 0 | NOTE: DO NOTACCEPTI.D. PICTURE IF NOT WITHALL OF THE ABOVE SPECI 3. Original and photocopy of any of the following I.D. cards, which must be va | | | application, and | d bears the applicant's name, picture and signature | | | |
| | | | and the issuing officer's name and signature (NOTE: Any other I.D. card N | OT inclu | ded in the list shall N | IOT be accepte | d. Circle the I.D. card/s submitted by the applicant): | | | |
| | | | Current Office/Company I.D. School I.D. (must be duly validated for the current school year) | GHOL: | GSIS UMID SSS I.D. | DISTRICTION OF THE | PhilHealth I.D. (ATM type) Voter's I.D. | | | |
| | | | Passport (with signature of the applicant) | | PRC License | NYANGULLAN | Postal I.D. | | | |
| | | | BIR I.D. (ATM type/laminated card with picture type) | | Driver's License | | Barangay I.D. | | | |
| | | | Police clearance (with picture) Original and photocopy of Birth Certificate of the applicant authenticated/issued b | v the NSC | Note: In case the NSO | Rirth Certificate is r | not legible on the NSO has duly issued a Negative Cortification | | | |
| | | | of Birth (NSO CRS Form No. 1) printed in NSO security form, the applicant shall, in addition | n, submit th | e original and photocopy | of his/her Birth Ce | rtificate authenticated/issued by the Local Civil Registrar.] | | | |
| | | | For female married applicants, original and photocopy of Marriage Certificate au addition, submit the original and photocopy of his/her Marriage Certificate authenticated/iss | thenticate | ed/issued by the NSO | (Note: In case the | NSO Marriage Certificate is not legible, the applicant shall, in | | | |
| | | | If filing of application is through a representative: | | | | | | | |
| | | | ☐ Authorization letter executed by the applicant; and ☐ Original and pho | tocopy of | one (1) valid I.D. card | of the represen | tative. | | | |
| | B. | Che | ecklist of SPECIFIC REQUIREMENTS: VPR Eligibility | | | | | | | |
| | | | Original and photocopy of Birth Certificate of the Veteran (NSO or LCR auther Original and photocopy of Marriage Contract of the Veteran (NSO or LCR auther | | 4/ | | | | | |
| | | 0 | Affidavit of Waiver to be executed by the Veteran only if still alive; or Joint Affi | davit of V | a) aiver by the veteran's | surviving spous | se and other children, if the veteran is deceased | | | |
| | | | Original and photocopy of Death Certificate of the veteran, if deceased | | | | | | | |
| | | 0 | Original and photocopy of Marriage Contract of the Applicant (if the applicant Official Transcript of Record of the applicant (authenticated copy) | is either t | ne spouse or a temale | married child o | f the veteran) | | | |
| | | | 13. Original and Photocopy of the Report of Rating in the CS examination where | | | NICE SERVICE CON | | | | |
| | | | Verification Slip of the applicant's examination result/rating issued by CSC-IRI Other Requirements: | MO/CSC | Regional Office conce | rned | | | | |
| | | | 15.1 Original/authenticated copy and photocopy of the following (if the a | applicant's | name has been cha | nged, or has dis | crepancy with the name of the veteran) | | | |
| | | | 15.1.1 Order/Resolution/Decision issued by the CSC or the 0 15.1.2 Affidavit/s used/presented to support the CSC/Court orde | Court on t | he correction of name | of the applicant | ; and | | | |
| | | | ☐ 15.2 Other documents as may be deemed necessary upon evaluation of | | | applicant (may b | c oxocated by the applicant, or other disinterested parties) | | | |
| | C. | Eva | aluation on Documentary Requirements Submitted | | | | | | | |
| | | 0 | Complete documents. | | electora para la | | | | | |
| | | 0 | Incomplete/lacking documents. See items in the above checklist/s marked with aste Incorrect documents. Specify deficiency/ies | erisk (*) to | r compliance. | | | | | |
| | | | Specify requisite/s to address the deficiency/ies | | | | | | | |
| | | 0 | Data on documents with discrepancy/ies. Specify discrepancy/ies | | | | | | | |
| | | | Specify requisite/s to address the discrepancy/ies | | - Province | All | Base de Micros de Andrewe best best broads 2 | | | |
| | | | | | | | | | | |
| | | Signature over full printed name of 1 st Processor Signature over full printed name of 2 nd Processor | | | | | | | | |
| | | | Date Position | ER SUC | Date | | | | | |
| | | | Talkerinen | 28. V 18 | Cap talif of et v | XXXX 01 02 | INDURABILITY RESERVED IN ESCRIPTOR CSIG | | | |
| CE | RTIF | CATIO | ON (To be accomplished only for qualified applicants with complete documents): We certify that we have reviewed the qualifications and all the documentary requires. | romonte d | ubmitted by | | on his/her application | | | |
| or | grant | of the | e VPR eligibility, and found the same to be complete and in order. | Cilicins : | lease or a best less | y(e 10i . | on his/her application | | | |
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| | | | , | | | | | | | |
| | | | Signature over full printed nar | ne of 1st F | rocessor | perfect of the later to end of | re over full printed name of 2 nd Processor | | | |
| | | | Date Position _ | | | Date | Position | | | |
| CE | RTIF | CATIO | ON (To be accomplished only upon submission of ALL documents for compliance/r | equisites | addressing deficienci | es and/or discre | pancies): | | | |
| io | | | fy that has submitted on or discrepancies. We further certify to have reviewed the complied documents/requis | ites and | the m | narked documen | ts for compliance/requisites addressing marked defi- | | | |
| JI G | IIUGS | ariu/U | or discrepancies. We further certify to have reviewed the complied documents/require | sites and | lound the same to be | satisfactory and | in order. | | | |
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| | | | Signature over full printed nar | ne of 1st F | Processor | Signatur | re over full printed name of 2 nd Processor | | | |
| | | | Position _ | | | | The state of the s | | | |
| | _ | - | | | | | | | | |
| | C | SC | Regional Office No may be reached at | CSC | 7913789 | KONTAGLISFI | ield Office may be reached at | | | |
| | | | ollowing contact numbers: | | | | | | | |
| | | | | the following contact numbers: | | | | | | |
| | | | phone : | | phone : | | | | | |
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| | F | ax | Minara Kata (Saka) | Fax | : | | | | | |
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Contact Person :

Contact Person :