CERTIFICATION ON SERVICES RENDERED BY SANGGUNIAN MEMBER

(Please read the instruction at the back of this form)

Sanggunian Member	Name of	Name of Province	Date of Election (mm/dd/yyyy)	Inclusive Period of Services		Period Served		
Positions Held (List from the most recent)	Name of Municipality/ City			From (mm/dd/yyyy)	To (mm/dd/yyyy)	No. of Years	No. of Months	No. of Days
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
TOTAL PERIOD SERVED (j)								
This further certifies that as to	support of the evaluation	on/processing of the a	oplication of Mr.	/Ms	(Last Name of Sa	nggunian M	ember)	fo
gunian Member (First / Seco	ond) Level Eligibility p	oursuant to RA No. 10	0156 and in a	ccordance with	the CSC Res	olution No	o. 1300486	promul
2013.								
		re Date)						
(Name of City/Municipality and P	rovince) (Complet							