



Republic of the Philippines  
**Department of Education**  
Region XI  
**SCHOOLS DIVISION OF DIGOS CITY**  
Digos City



**Division Advisory No. 137 s.2018**  
**October 8, 2018**

In compliance with DepEd Order No. 8, 2013  
this Advisory is issued not for endorsement per DO 28, s. 2001,  
but for the information of DepEd officials,  
personnel/staff, as well as the concerned public.  
(Visit [www.deped.gov.ph](http://www.deped.gov.ph))

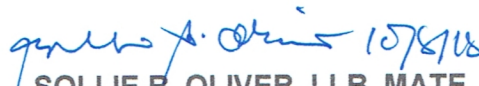
**NOMINATIONS FOR THE PUBLIC MANAGEMENT DEVELOPMENT PROGRAM-SENIOR  
EXECUTIVE CLASS (PMDP-SEC) OF THE DEVELOPEMNT ACADEMY OF THE  
PHILIPPINES**

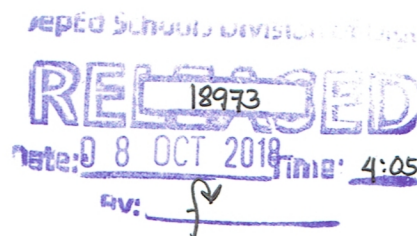
1. DECS Order No. 28, s. 2001 authorizes this Department/Division to disseminate information on suggested competitive events, scholarship and training opportunities for our teachers, students and pupils. These are issued as ADVISORIES, purely for field information. *Participation is on the basis of personal judgement, time and resources.*
2. This is in reference to the Region XI Advisory Number 113 s. 2018 dated September 27, 2018, re: Nominations for the Public Management Development Program-Senior Executive Class (PMDP-SEC) of the Development Academy of the Philippines.
3. Please see the attached brochure for more detailed information regarding the program.
4. For information and dissemination.

**WINNIE E. BATON, EdD**

Officer in Charge  
Office of the Schools Division Superintendent

For and in the absence of the OIC-SDS:

  
**SOLLIE B. OLIVER, LLB, MATE**  
Chief ES-SGOD  
Officer-In-Charge



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To be indicated in the Perpetual Index under the following subjects:

ronald dedace: NOMINATIONS FOR THE PUBLIC MANAGEMENT DEVELOPMENT PROGRAM-SENIOR  
EXECUTIVE CLASS (PMDP-SEC) OF THE DEVELOPEMNT ACADEMY OF THE PHILIPPINES  
8 October 2018



Republika ng Pilipinas  
KAGAWARAN NG EDUKASYON  
Rehiyon XI  
Lungsod ng Davao  
Tanggapang Panrehiyon



Address: F. Torres Street, Davao City (8000) Internet Address (URL) [www.region11.depEd.gov.ph](http://www.region11.depEd.gov.ph)  
Telefax Nos. (082) 227-1102; 221-8459; 221-9428; 227-0943; 227-8025; 222-2617; 2270941; 2218435

**DepED Region XI ADVISORY No.113 Dated September 27, 2018**

This advisory is issued for the information of  
**The Schools Division Superintendents of Region XI**

Attached is the DepEd Memorandum DM-CI-2018-00351 of USEC Lorna Dig Digno, Undersecretary, Curriculum and Instruction, Department of Education; dated September 18, 2018, re: **"Nominations for The Public Management Development Program – Senior Executive Class (PMDP-SEC) of the Development Academy of the Philippines"**

For your information and guidance.

**ATTY. ALBERTO T. ESCOBARTE, CESO III**  
Regional Director

*by the authority of the Regional Director;*

*Maria Liza I. Berandoy, EdD*  
Education Program Supervisor  
Office - In Charge

Attachment: DepEd Memorandum DM-CI-2018-00351/

Annex A: Qualification

B: Executive Summary

C: Brochure on senior executive Class Shuttle Course

D: Program Design

E. Admission Form 3 (Medical Certificate)

F. Form 1 (Nomination form)

G. PMDP SSC Form 2 (Assessment Form)

H. . PMDP SSC Form 3 (Agency Screening Certification)

ROHRDD/ROH3/ROH5

DEPARTMENT OF EDUCATION ROXI  
RECORDS SECTION

**RELEASED**

By: *10/16/18*

Date: *10/16/18* Time: *2:57 P*





Republic of the Philippines  
**Department of Education**  
DepEd Complex, Meralco Avenue, Pasig City, Philippines  
Direct Line: (632) 633-7202/687-4146 Fax: (632) 631-5057  
E-mail: [lorna.dino@deped.gov.ph](mailto:lorna.dino@deped.gov.ph) Website: [www.deped.gov.ph](http://www.deped.gov.ph)



*Undersecretary for Curriculum and Instruction*

**MEMORANDUM**  
**DM-CI-2018-00**

*Scholarship Advisory No. 23, s. 2018*

**ADVANCE COPY**

**FOR :** Regional Secretary, DepEd – ARMM  
Undersecretaries and Assistant Secretaries  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents

**FROM :** **LORNA DIG DINO, Ph.D.**  
Undersecretary

**SUBJECT :** **Nominations For The Public Management Development Program - Senior Executive Class (PMDDP-SEC) of the Development Academy of the Philippines**

**DATE :** **18 September 2018**

The Public Management Development Program (PMDDP), the National Government's Career Executive Service Development Program is now accepting nominations for its Senior Executive Class (SEC) in a non-residential/live-out 'shuttle format'.

The PMDDP-SEC seeks to produce a critical mass of peak-performing, development-oriented, ethical and committed government executives in the Philippine bureaucracy. SEC is designed for officials holding permanent Directorship positions including Assistant Directors or their equivalents, with SG 25 and above, aged 55 years old or younger, and in good health. OICs of third level positions are also eligible.

Please see attached brochure for more detailed information regarding the Shuttle SEC.

The deadline for submission of nominations is on **2 October** with the following reminders:

- There is no limit as to the number of nominees from each region/governance level.
- Required documents must be submitted via email at [neap.pdd@deped.gov.ph](mailto:neap.pdd@deped.gov.ph).

To learn more about the admissions guidelines, and to access requirements and forms, visit [www.dap.edu.ph/pmdp](http://www.dap.edu.ph/pmdp) and/or contact the DAP Secretariat at (02) 633-0921 local 125.

For further inquiries and clarifications, you may contact the DepEd Scholarship Secretariat at (02) 633-9455 or thru given email above.

Immediate dissemination of this memorandum is desired.



The **PUBLIC MANAGEMENT DEVELOPMENT PROGRAM** is the National Government's Career Executive Service Development Program which aims to produce a network of peak-performing, development-oriented, ethical and committed government executives and middle managers in the Philippine bureaucracy. It contributes to the achievement of the Philippine government's goal to promote people-centered, clean, efficient and effective governance through strengthened institutions. Accepted applicants will be granted a scholarship from the National Government. Academic equivalency shall be awarded upon achievement of program milestones under a ladderized scheme.

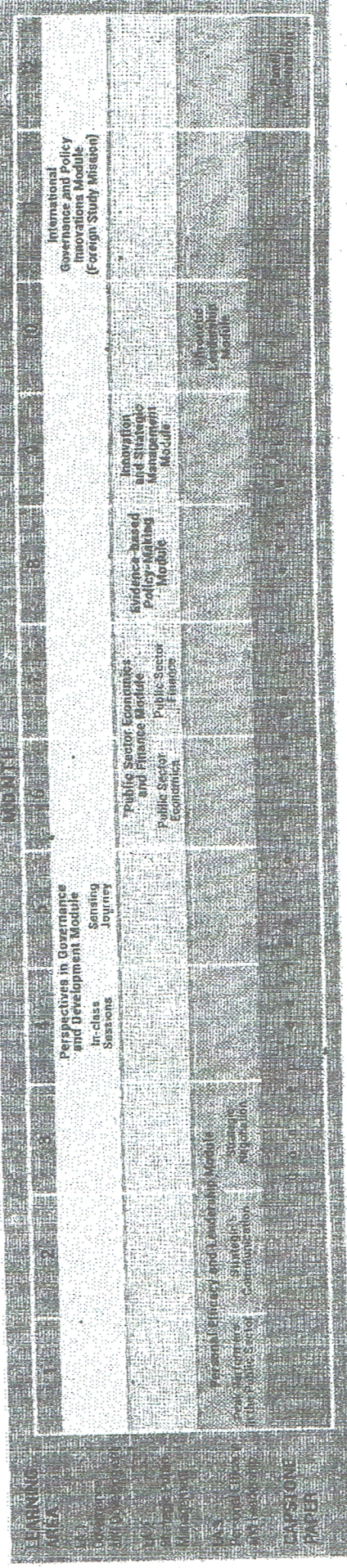
## THE QUALIFICATIONS

The PMDP Senior Executives Class is designed for senior officials who possess outstanding intellectual and creative abilities, show deep commitment to public service, and demonstrate potential for shaping policy and management at higher levels of government. Candidates shall be from the pool of incumbents or OICs of permanent positions with salary grade 25 or higher and 58 years old or less who are in good health. **Candidates must commit to complete the program in one year.**

## THE FACULTY

More than 150 distinguished men and women from government, the private sector, and the academe comprise the illustrious PMDP faculty pool, the program's key asset for providing a rich and distinctive training on both theory and practice of public management. Their diverse backgrounds, long career in the government and known expertise in various fields combine to make a uniquely insightful educational experience.

## THE CURRICULUM AND TRAINING MAP



Does the course fulfill its objectives? The answer is a resounding yes. And this is from someone who studied ten years more after my college degree to get to my sub-specialty before I even start medical practice.

Dr. Romina A. Dargulian / NKTI / SEC Batch 3

## THE PROGRAM DESIGN

|                             |                                                                                                                                                       |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DURATION</b>             | 1 year live-out training                                                                                                                              |
| <b>HIGHLIGHTS</b>           | In-class Sessions in Pasig City<br>Sensing Journey in a Rural Community<br>Foreign Study Mission in an ASEAN member country<br>Capstone Paper         |
| <b>DELIVERY</b>             | 2 10-5 day modules and 3 3-day weekends                                                                                                               |
| <b>ACADEMIC EQUIVALENCY</b> | Certificate of Participation upon completion of the Academic Work<br>Diploma in Development Management<br>Diploma in Governance and Policy Innovation |





Republic of the Philippines  
**Department of Education**  
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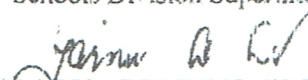


*Undersecretary for Curriculum and Instruction*

**MEMORANDUM**  
DM-CI-2018-0051

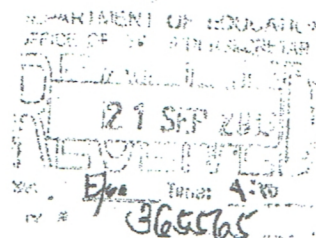
*Scholarship Advisory No. 23, s. 2018*

**FOR :** Regional Secretary, DepEd – ARMM  
Undersecretaries and Assistant Secretaries  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents

**FROM :**   
**LORNA DIG DINO, Ph.D.**  
Undersecretary

**SUBJECT :** Nominations For The Public Management Development Program - Senior Executive Class (PMDF-SEC) of the Development Academy of the Philippines

**DATE :** 18 September 2018



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The SEC Shuttle Course will start in November (date to be announced). Please see attached brochure for more detailed information regarding the Shuttle SEC.

The deadline for submission of nominations is on **27 September** with the following reminders:

- Each region/governance level is to nominate up to five (5) candidates.
- Required documents must be submitted via email at [neap.pdd@deped.gov.ph](mailto:neap.pdd@deped.gov.ph).

To learn more about the admissions guidelines, and to access requirements and forms, visit [www.dap.edu.ph/pmdp/admissions/forms/](http://www.dap.edu.ph/pmdp/admissions/forms/) and/or contact the DAP Secretariat at (02) 633-0921 local 125.

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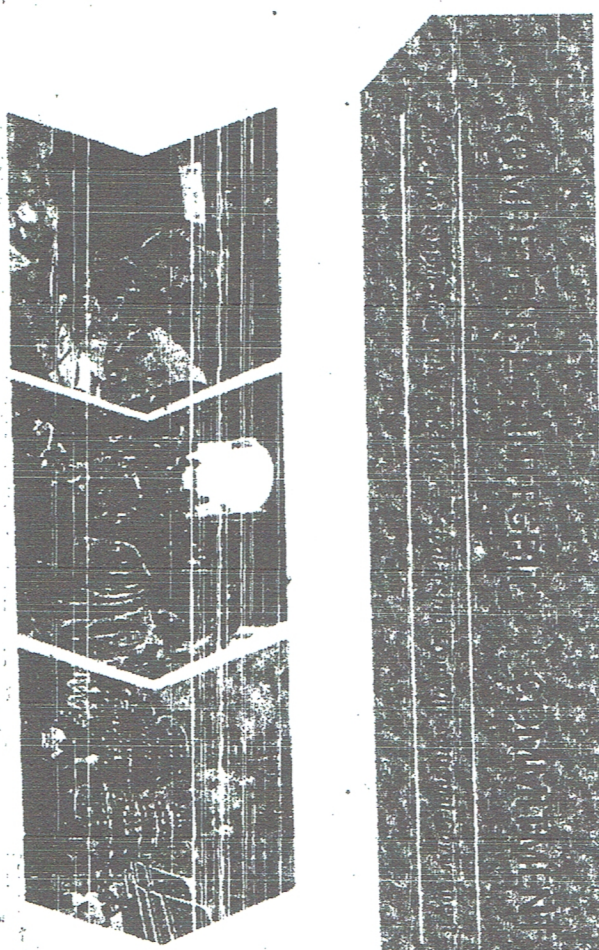
Immediate dissemination of this memorandum is desired.



# Development academy of the philippines


 Public Management Development Program  
 The National Government's Career Executive Service Development Program

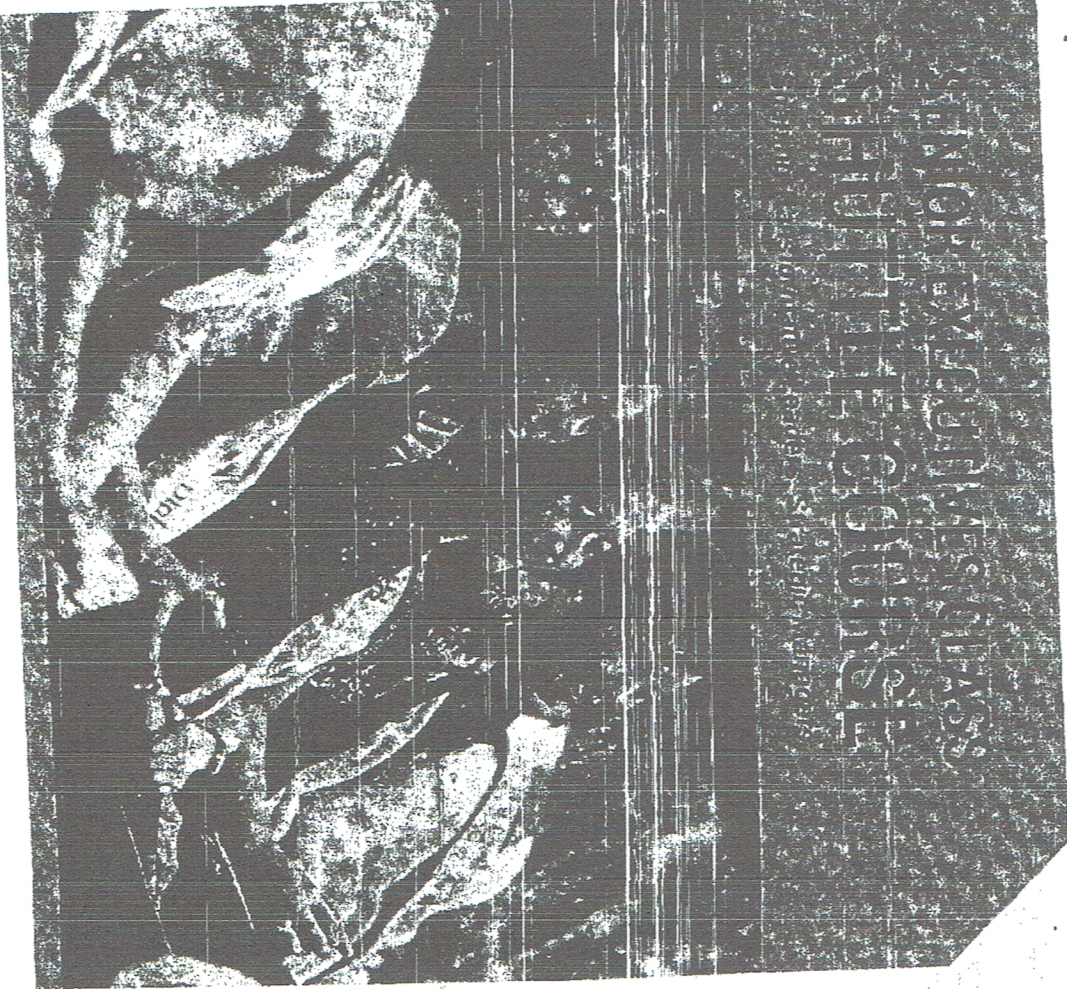

 The Development Academy of the Philippines (DAP) is the designated Implementing Agency of the Public Management Development Program, having created and conducted the precursor program in the 70s and 80s which trained more than a thousand Career Executive Service Officers (CESOs) from whom emerged more than 30 Secretaries, Undersecretaries, Assistant Secretaries, and Heads of Agencies.



The National Government's Career Executive Service Development Program Inter-agency Steering Committee oversees the implementation of the PMDP. It is composed of NEDA, DBM, DOF, CSC, and CESSB.




 PMDP Program Management Office, 5<sup>th</sup> floor, DAP Building  
 San Miguel Avenue, Ortigas Center, Pasig City 1600 Philippines  
 Telephone (02) 631 0921 local 125 / 631 2128 | Telefax (02) 633 5573  
 pmddsecretariat@dap.edu.ph | www.dap.edu.ph/pmdp  
 www.facebook.com/PMDP-parasabay





The PUBLIC MANAGEMENT DEVELOPMENT PROGRAM is the National Government's Career Executive Service Development Program which aims to produce a network of peak-performing, development-oriented, ethical and committed government executives and middle managers in the Philippine bureaucracy. It contributes to the achievement of the Philippine government's goal to promote people-centered, clean, efficient and effective governance through strengthened institutions. Accepted applicants will be granted a scholarship from the National Government. Academic equivalency shall be awarded upon achievement of program milestones under a ladderized scheme.

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Does the course fulfill its objectives? The answer is a resounding yes. And this is from someone who studied ten years more after my college degree to get to my sub-specialty before I even start medical practice.

Dr. Romina A. Dangulian / NKTI / SEC Batch 3

## THE PROGRAM DESIGN

### DURATION

1 year live-out training

### HIGHLIGHTS

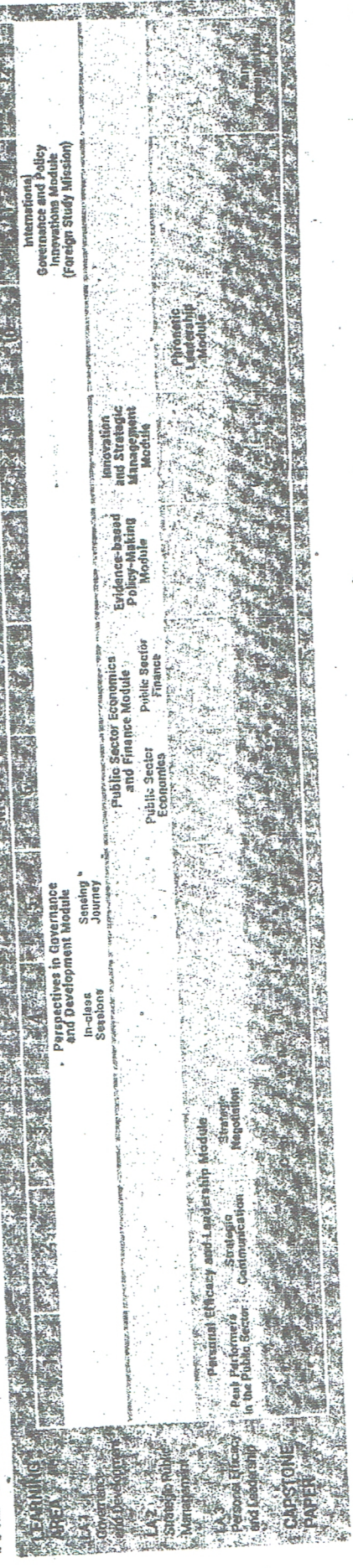
Immersive live-out training  
 Seminar and field training  
 Foreign Study Mission (Japan, South Korea, Singapore)

### DELIVERY

Self-paced and self-directed  
 Learning modules and assignments  
 Designed to be completed in 12 months  
 Available as a full or part-time program

### ACADEMIC EQUIVALENCY

## THE CURRICULUM AND TRAINING MAP







INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)

**ADMISSIONS FORM 3**  
**MEDICAL CERTIFICATE**  
(To be filled-out by the Nominee)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|
| 1. NAME (Last name, First Name, Middle Name)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                         |
| 2. DATE OF BIRTH (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. CIVIL STATUS | 4. SEX <input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| 5. WEIGHT (kg):                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. HEIGHT (cm): |                                                                         |
| 7. BP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8. CR:          |                                                                         |
| 9. Please check "Yes" or "No" if you had any of the following during the last 5 years :                                                                                                                                                                                                                                                                                                                                                                                                    |                 | YES NO                                                                  |
| a. Tuberculosis, asthma, emphysema, or other lung illnesses                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                         |
| b. High blood pressure, heart by-pass, heart attack or other heart diseases                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                         |
| c. Stomach ulcer, liver (hepatitis), gall bladder disease                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                         |
| d. Kidney problem, stone or blood in urine                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                         |
| e. Diabetes, sugar or glucose in blood or urine                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                         |
| f. Depression, attempted suicide, or other psychological symptoms                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                         |
| g. Tumor, abnormal growth, cyst or cancer                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                         |
| h. Bleeding disorder, blood disease (sickle cell anemia)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                         |
| i. Malaria, Cholera, small pox or epidemic disease                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                         |
| j. Allergy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                         |
| k. Other serious illnesses (Please specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                         |
| <p>I certify that the above information is true and correct to the best of my knowledge. I understand that neither PMDP nor the implementing organization shall be liable for any physical or mental problem that I may develop during my participation in the program and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the project.</p> <p>_____ Date _____ Nominee's Signature</p> |                 |                                                                         |





INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)

To be filled-out by the Physician from a Government Hospital.

Please attach laboratory results.

| GENERAL STATUS                 |        |
|--------------------------------|--------|
| EENT:                          | Ear    |
| Vision:                        | Nose   |
| Snellens                       | Throat |
| RT. _____                      | Neck   |
| LT. _____                      |        |
| <b>Heart and Lungs</b>         |        |
| Chest: _____                   |        |
| X-Ray Findings: _____          |        |
| Breast: _____                  |        |
| Abdomen: _____                 |        |
| History of Past Illness: _____ |        |
| Hospitalization: _____         |        |
| _____                          |        |
| Remarks: _____                 |        |
| _____                          |        |
| _____                          |        |

| CERTIFICATION                                                                                                                                                                                                           |  |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|
| Based on above given information, I have examined the above nominee and certify that he/she is free from any ailment likely to impair the health of others and fit to participate in the PMDP referred to in this form. |  |       |  |
| Hospital/Clinic's Name :                                                                                                                                                                                                |  |       |  |
| Examiner's Name & License No. :                                                                                                                                                                                         |  |       |  |
| Examiner's Signature :                                                                                                                                                                                                  |  | Date: |  |





INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)

**PMDDP SSC FORM 1**  
**(NOMINATION FORM)**  
**SENIOR EXECUTIVE'S CLASS – SHUTTLE COURSE**

**CONFIDENTIAL**

(To be filled-out by the Head of Agency)

I, \_\_\_\_\_ (NAME), \_\_\_\_\_ (POSITION), of the  
\_\_\_\_\_ (AGENCY), willfully nominate the following officer/s for admission to the  
2018 Public Management Development Program, Senior Executives Class – Shuttle Course on the  
basis of his/her/their good character and outstanding performance:

| Title<br>(Mr./<br>Ms.) | Name | Current position | SG | Division/ Office /<br>Region | Contact<br>Number |
|------------------------|------|------------------|----|------------------------------|-------------------|
| 1.                     |      |                  |    |                              |                   |
| 2.                     |      |                  |    |                              |                   |
| 3.                     |      |                  |    |                              |                   |
| 4.                     |      |                  |    |                              |                   |
| 5.                     |      |                  |    |                              |                   |

I understand that the above candidates meet the minimum qualifications for the program and will  
be granted the full scholarship provided that they meet the criteria for admission. Our Human  
Resources Manager/Officer, (Mr./Ms.) \_\_\_\_\_ can be reached through the  
following contact nos. \_\_\_\_\_ email address \_\_\_\_\_ to coordinate  
submission of application and completion of document requirements.

As our commitment, the agency will allow them to take the PMDDP training in 2018 once they are  
confirmed by the PMDDP Steering Committee. Should there be any changes or deferment, we will  
notify the PMDDP Secretariat through a letter of notice.

Thank you for this opportunity.

\_\_\_\_\_  
Printed Name and Signature

Date: \_\_\_\_\_

The National Government's Career Executive Service Development Program



1 | Page  
Form 1-A SEC





INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)

**PMDP SSC FORM 2**  
**(ASSESSMENT FORM)**  
**SENIOR EXECUTIVES CLASS – SHUTTLE COURSE**

NAME OF NOMINEE

**CONFIDENTIAL**

*(To be filled-out by the Head of Agency / Immediate supervisor of the person nominated)*

1. How long have you known the nominee? (years/months)  
\_\_\_\_\_
2. In what connection, or under what circumstances, have you known him/her?  
\_\_\_\_\_
3. Please rate the nominee in terms of the dimensions which have been identified as critical to program performance using the following scoring scale.

| 5           | 4                    | 3         | 2                 | 1            | 0                            |
|-------------|----------------------|-----------|-------------------|--------------|------------------------------|
| Outstanding | Exceeds Expectations | Competent | Needs Improvement | Unacceptable | No Evidence of Demonstration |

|                                                                                  |  |  |
|----------------------------------------------------------------------------------|--|--|
| Strategic and Critical Thinking                                                  |  |  |
| Leading in a Continuously Changing Environment                                   |  |  |
| Developing/ Empowering Others to Establish Collective Accountability for Results |  |  |
| Linkaging/ Networking for Productive Partnership                                 |  |  |
| Planning and Organizing for Greater Impact                                       |  |  |
| Driving Performance for Integrity and Service                                    |  |  |
| Written Communications                                                           |  |  |





INTER-AGENCY STEERING COMMITTEE  
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM -  
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM (NGCESDP-PMDP)

|    |                     |  |  |
|----|---------------------|--|--|
| 4. | Oral Communications |  |  |
|    | Energy              |  |  |
|    | Stress Tolerance    |  |  |

Taking an overall view, what do you consider being the nominee's major strengths?

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5. What do you consider to be the critical areas where he/she needs to focus his/her professional and personal development?

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Position: \_\_\_\_\_  
Institution / Agency: \_\_\_\_\_  
Contact Nos.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date Accomplished: \_\_\_\_\_

- *Senior Form 1* - nominees of the Senior Executives Class - Shuttle Course.
- Place accomplished assessment forms in a sealed letter envelope.
- Tampered forms or unsealed forms will not be considered a valid nomination.





|                                               |  |                                                 |  |
|-----------------------------------------------|--|-------------------------------------------------|--|
| <b>PMDP SSC FORM 3</b>                        |  | <b>SENIOR EXECUTIVES CLASS - SHUTTLE COURSE</b> |  |
| <b>AGENCY SCREENING CERTIFICATION</b>         |  |                                                 |  |
| Name of Nominee (Last, First, Middle Initial) |  |                                                 |  |
| Agency Name                                   |  |                                                 |  |
| Title (Mr., Ms., Dr., etc.)                   |  |                                                 |  |
| Last Name                                     |  |                                                 |  |
| Given Name                                    |  |                                                 |  |
| Middle Name                                   |  |                                                 |  |
| Name of Nominee                               |  |                                                 |  |

This certifies that the above nominee is considered high-performing and high potential and qualifies based on the following criteria/requirements of the PMDP

|                                                                                                                                          |                                                                                                              |                                                                   |                                                                    |        |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|--------|
| <b>AGENCY</b>                                                                                                                            |                                                                                                              | <b>QUALIFICATIONS</b>                                             |                                                                    |        |
| Nominee holds a position equivalent to SG 25 and up                                                                                      | Position                                                                                                     |                                                                   |                                                                    |        |
|                                                                                                                                          | Date of Appointment                                                                                          |                                                                   | Salary Grade:                                                      |        |
|                                                                                                                                          | Division/ Department                                                                                         |                                                                   |                                                                    |        |
|                                                                                                                                          | Office Address                                                                                               |                                                                   |                                                                    |        |
|                                                                                                                                          | Office Contact Info                                                                                          |                                                                   |                                                                    |        |
|                                                                                                                                          | Is the nominee designated to another role/function? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                   |                                                                    |        |
|                                                                                                                                          | If yes, state Designation                                                                                    | Position and SG                                                   |                                                                    |        |
|                                                                                                                                          |                                                                                                              | Date of Designation Order                                         |                                                                    |        |
|                                                                                                                                          | Information on Immediate Supervisor/Boss                                                                     |                                                                   |                                                                    |        |
|                                                                                                                                          | Name                                                                                                         |                                                                   |                                                                    |        |
| Nominee satisfies government required eligibility. (Please check applicable boxes)                                                       | Professional Certifications                                                                                  | Eligibilities                                                     |                                                                    |        |
|                                                                                                                                          | <input type="checkbox"/> PRC, Specify area                                                                   | <input type="checkbox"/> PD 907                                   | If pursuing 3 <sup>rd</sup> Level eligibility, check stages passed |        |
|                                                                                                                                          | <input type="checkbox"/> Bar Exams                                                                           | <input type="checkbox"/> RA 1080                                  |                                                                    |        |
|                                                                                                                                          |                                                                                                              | <input type="checkbox"/> Professional                             |                                                                    |        |
|                                                                                                                                          |                                                                                                              | <input type="checkbox"/> Career Service Executive Eligible (CSEE) |                                                                    |        |
|                                                                                                                                          |                                                                                                              | <input type="checkbox"/> Career Executive Service Eligible (CESE) |                                                                    |        |
|                                                                                                                                          |                                                                                                              | <input type="checkbox"/> Career Executive Service Officer (CESO)  | <input type="checkbox"/> MATB                                      |        |
|                                                                                                                                          |                                                                                                              | State rank                                                        | <input type="checkbox"/> Assessment Center                         |        |
|                                                                                                                                          |                                                                                                              |                                                                   | <input type="checkbox"/> Validation                                |        |
|                                                                                                                                          |                                                                                                              |                                                                   | <input type="checkbox"/> Panel Interview                           |        |
| Total number of years in government service? _____                                                                                       |                                                                                                              |                                                                   |                                                                    |        |
| Nominee is 58 yrs. old or below                                                                                                          | Birthdate:                                                                                                   | Month Day Year                                                    | Age:                                                               |        |
| Nominee holds a Bachelor's degree                                                                                                        | Highest educational attainment:                                                                              | Degree and Specialization                                         | Year of Graduation                                                 |        |
| Nominee got VS/ higher PAR rating for the past 2 years                                                                                   | (Indicate year, check applicable period and put rating)                                                      |                                                                   |                                                                    |        |
|                                                                                                                                          | Year: 2017                                                                                                   | Rating                                                            | Year: 2016                                                         | Rating |
|                                                                                                                                          | <input type="checkbox"/> 1Sem                                                                                |                                                                   | <input type="checkbox"/> 1Sem                                      |        |
|                                                                                                                                          | <input type="checkbox"/> 2Sem                                                                                |                                                                   | <input type="checkbox"/> 2Sem                                      |        |
| Does the nominee have a record of habitual leaves (a maximum of 2 months/year)? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                              |                                                                   |                                                                    |        |
| Does the nominee have any pending administrative and/or criminal case? <input type="checkbox"/> Yes <input type="checkbox"/> No          |                                                                                                              |                                                                   |                                                                    |        |
| Please cite other information that will support nomination to PMDP.                                                                      |                                                                                                              |                                                                   |                                                                    |        |

The nominee must submit additional requirements such as **Personal Data Sheet**, copy of **Appointment Papers**, copy of **Transcript of Records** and **Nomination form** signed by the head of agency. As part of the screening process, the nominee will undergo an examination and an interview.

Name and Signature of Person Completing this Form \_\_\_\_\_ Position: \_\_\_\_\_  
Date Accomplished: \_\_\_\_\_