

Professional Regulation Commission

APPLICATION FORM

Application No.  
**043741**

REFERENCE NO: EXAI8Z6DAWYH  
OR: E2023-10-06436590 | AMOUNT: PHP 900.00


NOT FOR SALE (REPRODUCTION IS ALLOWED)

☒ First Timer  
☐ Repeater  
☐ Conditioned  
☐ Absent

10/19/2023

Date(mm/dd/yy)

Name of Examination  
AGRICULTURIST  
Date of Examination  
NOVEMBER 20, 21 & 22, 2023  
Place of Examination  
Tacloban



NOTICE: All supporting documents shall become part of the records of the Commission. All applications must be filed PERSONALLY by the applicant.

PART I-PERSONAL INFORMATION

SUR NAME BALANA	GIVEN NAME/S RUEL	MIDDLE NAME REYES
Maiden Surname (for married female only)		

Permanent Mailing Address (House no., Street, Village/Subd., Brgy., Town, Prov./City)  
ZONE 6 ZONE 6 PATAG BAYBAY, LEYTE

Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	Citizenship <input checked="" type="radio"/> Filipino <input type="radio"/> Others	Contact numbers (Landline & Mobile) 09983373022	E-mail Address ruereybal@gmail.com
Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er	Date of Birth(mm/dd/yy) 05/14/1993	Place of Birth (City/Town,Prov) ESCALANTE, NEGROS OCCIDENTAL	RURBAN Code(Town/City,Prov) 064509
Spouse's name & Citizenship		Father's Name & Citizenship	Mother's Name & Citizenship LUCIA DISCARTEN REYES / FILIPINO

HAVE YOU EVER BEEN CHARGED AND CONVICTED BY FINAL JUDGEMENT BY ANY COURT OF JUSTICE/MILITARY TRIBUNAL OR ADMINISTRATIVE BODY? ☒ No ☐ Yes (If yes, attach hereto a copy of the decision)

PART II – EDUCATIONAL INFORMATION

Name of School VISAYAS STATE UNIVERSITY (for.VISCA,LSU.)-BAYBAY	Address/Location of School BAYBAY, LEYTE	PRC School code 0963
Degree/Course Obtained BS IN ANIMAL SCIENCE	PRC COURSE Code 6024	Date Graduated (mm/dd/yy) 04/13/2016
Other Higher Educational Attainment	Name of School	Address/Location of School
		Date Graduated (mm/dd/yy)
		PRC SCHOOL CODE

PART III – PREVIOUS PRC LICENSURE EXAMINATION/S TAKEN (Last Three Exams)

Name of Examination	Place of Examination	Date Taken (mm/yy)	Rating	Result of Examination (pls check)			Exam No.	Verified by
				Passed	Failed	Cond.		
AGRICULTURIST		11/2023	75.67	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Review School/Center: ☐ Self-Review ☐ School-Based Review ☐ Others (specify name)

STATUS CODES (refer at the back) 1.) Examination Type (EXcode) 2.) Number of Times Taken 1

I HEREBY CERTIFY that the information and/or statements in this application including the supporting documents submitted in support thereof are all true and correct to my own knowledge, and that I am fully aware that any false information or statement in this application or in its attachments shall render me liable for criminal prosecution and/or administrative sanction.

RIGHT THUMBMARK

Signature of Applicant

Date Accomplished

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_. Affiant applicant exhibited to me his / her Community Tax Certificate No. P7999366A issued at DFA TACLOBAN on 07/19/2023.

DOCUMENTARY STAMP

PRC ADMINISTERING OFFICER

Administration of Oath Is Free (Office Order No. 2009-377 & 2009-379 both dated September 3, 2009)

ACTION TAKEN BY THE APPLICATION PROCESSOR

ISSUANCE of the FOLOWING FORMS  
☐ NOTICE OF ADMISSION (NOA) ☐ PERMANENT EXAMINATION & REGISTRATION RECORD CARD (PERRC)

REMARKS \_\_\_\_\_

PROCESSOR \_\_\_\_\_ Date \_\_\_\_\_

ACTION TAKEN BY LEGAL OFFICER (if applicable)

REMARKS \_\_\_\_\_

LEGAL OFFICER \_\_\_\_\_ Date \_\_\_\_\_

ACTION TAKEN BY THE BOARD

☐ APPROVED ☐ DISAPPROVED ☐ CONDITIONAL

REMARKS \_\_\_\_\_

CHAIRMAN/ MEMBER \_\_\_\_\_ Date \_\_\_\_\_

ACTION TAKEN BY THE CASHIER

AMOUNT PAID 900.00 OFFICIAL RECEIPT NOE2023-10-06436590  
CASHIER Paymaya - Wallet Date 10/19/2023

ACTION TAKEN BY THE ISSUING OFFICER

REMARKS \_\_\_\_\_

ISSUING OFFICER \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT: FAILURE TO SUBMIT THIS APPLICATION FORM WITH THE REQUIRED DOCUMENTS SHALL MEAN NON-INCLUSION IN THE LIST OF EXAMINEES IN THE ROOM ASSIGNMENT AND FORFEITURE OF EXAMINATION FEES

APP-01  
Rev. 00  
February 25, 2015  
Page 1 of 1