

Professional Regulation Commission

APPLICATION FORM

Application No.
041949

REFERENCE NO: EXAI6GY1CCB9
OR: E2023-10-06399647 | AMOUNT: PHP 900.00

NOT FOR SALE (REPRODUCTION IS ALLOWED)

☒ First Timer
☐ Repeater
☐ Conditioned
☐ Absent


10/13/2023

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 RAMACULA	GIVEN NAME/S MARY LILYBERT	MIDDLE NAME SEVARE
Maiden Surname (for married female only)		
Permanent Mailing Address (House no., Street, Village/Subd., Brgy., Town, Prov./City) N/A PUROK BALASBAS TALISAY HILONGOS, LEYTE		
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Citizenship <input checked="" type="radio"/> Filipino <input type="radio"/> Others	Contact numbers (Landline & Mobile) 09947270511
E-mail Address marylilybert@gmail.com		
Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er	Date of Birth(mm/dd/yy) 07/02/2001	Place of Birth (City/Town,Prov) HILONGOS, LEYTE
RURBAN Code(Town/City,Prov) 083719		
Spouse's name & Citizenship	Father's Name & Citizenship GILBERT U. RAMACULA / FILIPINO	Mother's Name & Citizenship TEOFILA S. RAMACULA / 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 AGRI-BUSINESS	PRC COURSE Code 5091	Date Graduated (mm/dd/yy) 08/03/2023
PRC Board Code 4200		
Other Higher Educational Attainment	Name of School	Address/Location of School

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	83.67	<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. 2186-1547-5625-8417 issued at HILONGOS,LEYTE on 09/13/2021.

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 NOE2023-10-06399647

CASHIER Paymaya - Gcash Payment Date 10/13/2023

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
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