

ADMISSIONSLIP	
REFERENCENUMBER: 	
Name of Applicant: <u>ARVIN JOSE CORONADO</u>	Rel. Number:
Assessment Applied for: <u>DRIVING NC 2</u>	Official Receipt Number: Date Issued:
To be accomplished by the Processing Officer	
Name of Assessment Center:	
Check submitted requirements:	Remarks:
<input type="checkbox"/> Accomplished Self-Assessment Guide <input type="checkbox"/> Three (3) pieces colored passport size pictures	<input type="checkbox"/> Bring own Personal Protective Equipment <input type="checkbox"/> Others, Pls. specify
Assessment Date:	Assessment Time:
<u>SAMANTHA M. ORCJO</u> Printed Name & Signature of Processing Officer	<u>ARVIN JOSE CORONADO</u> Printed Name & Signature of Applicant
Date:	Date:
Note: Please bring this Admission Slip on your assessment date.	



NOTE: NCII CERTIFICATE WILL BE RELEASED ON FEBRUARY 1, 2024, ATTACHED HEREWITH IS MY ADMISSION SLIP. Thank you.