

Republic of the Philippines  
**CIVIL SERVICE COMMISSION**  
 Batasan Hills, Quezon City

Recent ID Photo  
 - Passport size (4.5 cm x 3.5 cm)  
 - White background  
 - In close-up shot (from shoulder level up with head & face occupying at least 80% of the picture and with name tag at approx. 1" below the chin)  
 - In bare face (without eye glasses/colored contact lens/any facial accessory; facial features not computer-enhanced)  
 - Showing left and right ears  
 - With hand-held & written (not computerized) and legible name tag showing signature over complete printed name in the format FN-MI-LN-EN

CS Form 101-C (Revised, Dec. 2011)  
 THIS FORM IS NOT FOR SALE.  
 REPRODUCTION IS ALLOWED.

**Application for Grant of Eligibility Pursuant to P.D. No. 997  
 (Scientific and Technological Specialist)**

**INSTRUCTIONS:** Fill in the required information. Put "n/a" for items not applicable to you. Submit this Form, together with the documentary requirements, to the CSC Regional/Field Office concerned. (Note: This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten. Digital/scanned signature is strictly not allowed.)

1. APPLICANT'S NAME: \_\_\_\_\_  
Last name First name Ext. name Middle name Middle initial  
 2. MOTHER'S MAIDEN NAME: \_\_\_\_\_  
Last name First name Middle name ZIP CODE

3. COMPLETE PERMANENT MAILING ADDRESS: \_\_\_\_\_  
 4. SEX (M/F): \_\_\_\_\_ 5. DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_ 6. PLACE OF BIRTH (City/Municipality & Province): \_\_\_\_\_  
 7. CIVIL STATUS:  Single  Married  Legally Separated  Annulled  Widowed  Others, specify \_\_\_\_\_ 8. CITIZENSHIP: \_\_\_\_\_  
 9. TEL. NO.: \_\_\_\_\_ (include area code) 10. CELLULAR PHONE NO.: \_\_\_\_\_ 11. E-MAIL ADDRESS: \_\_\_\_\_

Level	Complete Title of Course & Major	Date of Graduation/Completion (mm/dd/yyyy)	Honors Received	Name & Address of School Attended	Inclusive Years (from-to)
College/Tertiary:	_____	_____	_____	_____	_____
Master's:	_____	_____	_____	_____	_____
Doctorate:	_____	_____	_____	_____	_____

Agency/Office	Address	Position/Job Title	Status of Appt./Employment	Inclusive Years (from-to)	Gov't Service? (Yes/No)
_____	_____	_____	_____	_____	_____

Field of Research/Teaching	Title of Research/Subjects taught	Name & Address of Research Institution/School	Inclusive Dates (From (mm/dd/yyyy) To (mm/dd/yyyy))
_____	_____	_____	_____

15. Other Eligibility/ies: Title of Eligibility 1) \_\_\_\_\_ Date of Conferment (mm/dd/yyyy) \_\_\_\_\_  
 2) \_\_\_\_\_

I declare under oath that I **personally** accomplished this Form, and that the information given are true, correct and complete statements pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I understand that any misrepresentation made in this document shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative/criminal case/s against me.

Done this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

DO NOT FILL BELOW THIS LINE. \_\_\_\_\_ Signature over full printed name of the applicant  
 \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
 \_\_\_\_\_  
 Signature over full printed name of Administering Officer Office/Position

**INDORSEMENT** (CSC/DOST Field/Regional Office to DOST Central Office PD 997 Committee; To be filled up ONLY as applicable):  
 ENDORSING the application of \_\_\_\_\_ to DOST PD 997 Committee as received by CSC/DOST \_\_\_\_\_  
 Field Office / CSC/DOST Regional Office No. \_\_\_\_\_ on \_\_\_\_\_, for approval and processing of the grant of S&T Specialist eligibility.  
 \_\_\_\_\_  
 Signature over full printed name of CSC/DOST Field/Regional Director / Date

**ACTION TAKEN** (for Processors only):  Approved  Disapproved due to \_\_\_\_\_  For Compliance

(Evaluation Fee)	(Processing Fee)
O.R. No.: _____ Date: _____ Amount: _____	O.R. No.: _____ Date: _____ Amount: _____
Collecting Officer _____	Collecting Officer _____

Title of Eligibility \_\_\_\_\_ Date of Effectivity (mm/dd/yyyy) \_\_\_\_\_  
 Certificate of Eligibility No. \_\_\_\_\_ Serial No. \_\_\_\_\_ Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 Signature over full printed name of 1<sup>st</sup> Processor/Date \_\_\_\_\_ Signature over full printed name of 2<sup>nd</sup> Processor/Date \_\_\_\_\_

**APPLICATION RECEIPT**  
 Received the application of \_\_\_\_\_  
Last Name First Name Middle Name  
 for grant of eligibility under special laws & CSC issuances at CSCRO/FO \_\_\_\_\_  
 \_\_\_\_\_  
 Signature over full printed name of Receiving Officer/Date

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I. QUALIFICATIONS FOR THE GRANT OF S&T SPECIALIST ELIGIBILITY

A. Checklist of Qualifications

- 1. Completed a Bachelor's degree with major or specialization in any of the fields of study listed under Section 1 of PD 997 IRR (revised 2009)
2. Has any of the following additional qualification requirements: (Circle the additional qualification)
- Three years continuous research and/or teaching experience in the pertinent field
- Master's or Doctorate degree in any of the fields of study listed under Section 1 of PD 997 IRR (revised 2009) from a school recognized by CHED at the time of filing of application.

B. Evaluation on Qualifications for the Grant of Eligibility

- Qualified (all qualifications set are met). Application for approval.
Not qualified. Application for disapproval. Specify qualification/s not met

II. DOCUMENTARY REQUIREMENTS FOR SUBMISSION (To be accomplished only for qualified applications; Put asterisk (\*) for lacking items and/or "n/a" for items not applicable)

A. UPON FILING OF APPLICATION AT DOST:

- 1. Properly accomplished CS Form 101-C, Revised Dec. 2011 (all fields properly filled out, with "n/a" indicated in all fields not applicable to the applicant)
2. Three (3) pieces of identical, recent I.D. pictures with the following specifications:
- Passport size (4.5 cm x 3.5 cm)
- In white background
- Printed on quality photo paper
- In bare face (without eye glasses/colored contact lens/any facial accessory; facial features not computer-enhanced)
- Showing left and right ears
- In standard close-up shot (from shoulder level up with head and face occupying at least 80% of the picture and with the name tag positioned at approximately 1" below the chin)
- With handheld and written (not computerized), and legible name tag showing signature over complete printed name in the format First Name-Middle Initial-Last Name-Extension Name
NOTE: DO NOT ACCEPT I.D. PICTURE IF NOT WITH ALL OF THE ABOVE SPECIFICATIONS.
3. Assessment fee of PhP100.00 payable to DOST; and
4. Five (5) copies of each of the following documents:
- 4.1 Duly certified statement of duties and responsibilities;
- 4.2 Original and photocopy of transcript of records and diploma. The original copy shall be returned to the applicant after authentication of the photocopy;
- 4.3 Recommendation from head of office or school on the application for PD 997 eligibility, which shall include a statement regarding his/her assessment of the applicant's research or teaching proficiency;
- 4.4 List of S&T subjects taught/being taught and the duration of teaching said subjects, duly certified by the Dean of the school; and
- 4.5 Other documents such as:
- 4.5.1 Published research paper/technical reports for concluded scientific research, or progress reports for researches still in progress. The reports must be certified as true copy by authorities to whom the original copies were submitted;
- 4.5.2 Certification of research proficiency indicating the title of scientific research project/s the applicant has participated in and the duration and nature of participation and/or responsibilities of the applicant in the research project.
- 4.5.3 Certificate of patented invention if available.

B. UPON CLAIMING OF CERTIFICATE OF ELIGIBILITY AT CSC:

- 1. Original and photocopy of any of the following I.D. cards, which must be valid (not expired) upon filing of application, and bears the applicant's name, picture and signature, and the issuing officer's name and signature (NOTE: Any other I.D. card NOT included in the list shall NOT be accepted. Circle the I.D. card/s submitted by the applicant):
- Current Office/Company I.D.
- School I.D. (must be duly validated for the current school year)
- Passport (with signature of the applicant)
- BIR I.D. (ATM type/laminated card with picture type)
- Police clearance (with picture)
- GSIS UMID
- SSS I.D.
- PRC License
- Driver's License
- PhilHealth I.D. (ATM type)
- Voter's I.D.
- Postal I.D.
- Barangay I.D.
2. Original and photocopy of Birth Certificate of the applicant authenticated/issued by the NSO [Note: In case the NSO Birth Certificate is not legible, or the NSO has duly issued a Negative Certification of Birth (NSO CRS Form No. 1) printed in NSO security form, the applicant shall, in addition, submit the original and photocopy of his/her Birth Certificate authenticated/issued by the Local Civil Registrar.]
3. For female married applicants, original and photocopy of Marriage Certificate authenticated/issued by the NSO (Note: In case the NSO Marriage Certificate is not legible, the applicant shall, in addition, submit the original and photocopy of his/her Marriage Certificate authenticated/issued by the Local Civil Registrar.)

C. Evaluation on Documentary Requirements Submitted

- Complete documents.
Incomplete/lacking documents. See items in the above checklist/s marked with asterisk (\*) for compliance.
Incorrect documents. Specify deficiency/ies
Specify requisite/s to address the deficiency/ies
Data on documents with discrepancy/ies.
Specify discrepancy/ies
Specify requisite/s to address the discrepancy/ies

Signature over full printed name of 1st Processor
Date Position

Signature over full printed name of 2nd Processor
Date Position

CERTIFICATION (To be accomplished only for qualified applicants with complete documents):

We certify that we have reviewed the qualifications and all the documentary requirements submitted by on his/her application for grant of the S&T Specialist eligibility, and found the same to be complete and in order.

Signature over full printed name of 1st Processor
Date Position

Signature over full printed name of 2nd Processor
Date Position

CERTIFICATION (To be accomplished only upon submission of ALL documents for compliance/requisites addressing deficiencies and/or discrepancies):

We certify that has submitted on the marked documents for compliance/requisites addressing marked deficiencies and/or discrepancies. We further certify to have reviewed the complied documents/requisites and found the same to be satisfactory and in order.

Signature over full printed name of 1st Processor
Date Position

Signature over full printed name of 2nd Processor
Date Position

CSC Regional Office No. may be reached at the following contact numbers:

Telephone :
Cellular :
Fax :
E-mail add :
Contact Person :

CSC Field Office may be reached at the following contact numbers:

Telephone :
Cellular :
Fax :
E-mail add :
Contact Person :