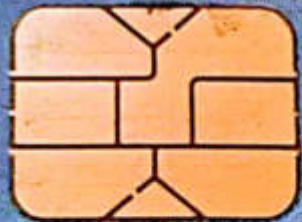




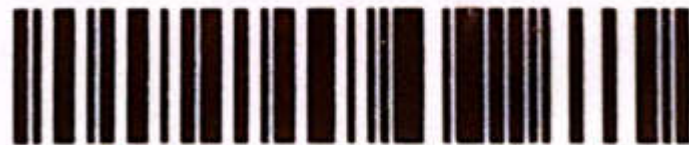
Pag-IBIG *Plus*
LOYALTY CARD



KAREN P. CARMONA

MID No **1213-1988-9691**

Carmona



3*1503*2058*000000





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-250367492-9** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR -
 Sub-Category : EMPLOYED PRIVATE NHTS Coverage : N/A
 Validity Period : N/A - N/A

CARMONA, KAREN PALAPAR

CABANCALAN, SEVILLA BOHOL

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 01/08/2002
 Place of Birth : CALAPE, BOHOL
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : N/A Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 012010001450
 Name of Employer/Organized Group : QUALFON PHILIPPINES INC - DUMAGUETE CITY 2
 Business Address : LINKSY BLDG I NORTH NATIONAL HIGHWAY, BANTAYAN, DUMAGUETE CITY NEGROS ORIENTAL
 Telephone Number : Employment Status : EMPLOYED
 Tax Identification Number : 244963876003 Date : 05/01/2023

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
-----	---------	------------	-------------	-----	----------	---------------

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Apr 25, 2024 11:33 AM



(Copy for DCRO)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION 0230	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)					
Province <u>Bohol</u>		Registration No. <u>2002-23</u>			
City/Municipality <u>Celeste</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>KAREN PALABAR CARKCHA</u>		For DCRG USE ONLY Population Reference No.		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>8 January 2002</u>		NO TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Kahoyan, Celeste, Bohol</u>		41 <u>8020002</u>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		42 <u>1</u>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2812</u> grams		43 <u>2</u> <u>080120</u>
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>GINA MALON PALABAR</u>		44 <u>12104</u>		
	7. CITIZENSHIP <u>Philippine</u>		8. RELIGION <u>R.C.</u>		45 <u>1</u>
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>		46 <u>022812</u>
	9c. No. of children born alive but are now dead: <u>0</u>		10. OCCUPATION <u>Housekeeper</u>		47 <u>1</u>
	11. Age at the time of this birth: <u>28</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Kahoyan, Celeste, Bohol</u>		48 <u>1</u> <u>1</u>
FATHER	13. NAME (First) (Middle) (Last) <u>JOSE LUIS CARKCHA</u>		49 <u>0202CB</u>		
	14. CITIZENSHIP <u>Philippine</u>		15. RELIGION <u>R.C.</u>		50 <u>220</u> <u>28</u>
	16. OCCUPATION <u>Seaman</u>		17. Age at the time of this birth: <u>28</u> years		51 <u>12104</u>
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 26, 1999-Sevilla, Bohol</u>		52 <u>1</u> <u>1</u>		
	19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		53 <u>0202CB</u>		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:50</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>JOSEPHINE C. ASELO</u> Title or Position <u>R.N.</u>		Address <u>Tandag, Celeste, Bohol</u> Date <u>January 10, 2002</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>GINA F. CARKCHA</u> Relationship to the child <u>Mother</u>					
Address <u>Kahoyan, Celeste, Bohol</u> Date <u>January 10, 2002</u>		54 <u>451</u> <u>28</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JOSEPHINE C. ASELO</u> Title or Position <u>R.N.</u> Date <u>January 10, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name <u>JOSE JOVENICIO C. ORCULLO</u> Title or Position <u>CIVIL REGISTRAR</u> Date <u>JAN 10 2002</u>			
				55 <u>06/26/1999</u> 12393	
				56 <u>1</u>	
				57 <u>3</u>	

06614-C1-702TPF-00429-BI003

BEST POSSIBLE IMAGE



VZ60092050220042902092018003

BReN

01210-B02B801-3

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0220IW202305178071 Date/Time Generated: 17 May 2023 01:47:24 PM

SS NUMBER 06-4585248-0					
NAME					
(LAST NAME) CARMONA	(FIRST NAME) KAREN	(MIDDLE NAME) PALAPAR	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01082002	PLACE OF BIRTH (CITY/MUNICIPALITY) CALAPE	(PROVINCE/STATE) BOHOL	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) CARMONA	(FIRST NAME) ROMMEL	(MIDDLE NAME) MAG-ASO	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) PALAPAR	(FIRST NAME) GINA	(MIDDLE NAME) MALON	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)			(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) CABANCALAN	(CITY/MUNICIPALITY) SEVILLA	(PROVINCE) BOHOL	POSTAL CODE 6347	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 151	WEIGHT (IN KILOGRAMS) 54	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0910) 855-5985	EMAIL ADDRESS kcarmz08@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1 CARMONA	REGIN	PALAPAR		Sister	08172003
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) _____	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; • sharing of these data with SSS service providers to carry out the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					

INSTRUCTIONS

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
To convert: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
- Always indicate the following **mandatory** information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if applied locally*
 - Email address, if applied abroad*

* if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
- For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE	
<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. Primary ID card/document [any one (1) of the following]:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card <p>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment

- Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories 	<ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses

REMINDERS

- Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
- To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss_id@sss.gov.ph.
- Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



BIR Form No. 2316 September 2021 (ENCS)		Certificate of Compensation Payment/Tax Withheld <small>For Compensation Payment With or Without Tax Withheld</small>			
1 For the Year (YYYY) 2023		2 For the Period From (MM/DD) 01/21 To (MM/DD) 12/31			
Part I - Employee Information					
3 TIN 61216-8159-5131		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) CARMONA, KAREN PALAPAR		5 BDO Code		Amount	
6 Registered Address FIAM Sberis Dr. DUMAGUITE NEGROS ORIENTAL		6A ZIP Code 61200		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6B Local Home Address		6C ZIP Code		30 Holiday Pay (MWE)	
6D Foreign Address				31 Overtime Pay (MWE)	
7 Date of Birth (MM/DD/YYYY) 01/08/2002		8 Contact Number 091108551698		32 Night Shift Differential (MWE)	
9 Statutory Minimum Wage rate per day				33 Hazard Pay (MWE)	
10 Statutory Minimum Wage rate per month				34 13th Month Pay and Other Benefits (Maximum of P90,000) 20,162.45	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				35 De Minimis Benefits 4,046.00	
Part II - Employer Information (Present)					
12 TIN 244-9163-876-0010		13 Employer's Name QUALFON PHILIPPINES, INC.		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 6,520.00	
14 Registered Address Skyrise 3, Qualfon Bldg., IT Park, Apas, Cebu City		14A ZIP Code 61000		37 Salaries and Other Forms of Compensation 1.00	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 30,729.45	
Part III - Employer Information (Previous)					
16 TIN		17 Employer's Name		B. TAXABLE COMPENSATION INCOME REGULAR	
18 Registered Address		18A ZIP Code		39 Basic Salary 80,783.12	
Part IVA - Summary					
19 Gross Compensation Income from Present Employer (Sum of Items 29 and 37) 138,788.58		20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 30,729.45		40 Representation	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 62) 108,059.13		22 Add: Taxable Compensation Income from Previous Employer, if applicable -		41 Transportation	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 108,059.13		24 Tax Due -		42 Cost of Living Allowance (COLA)	
25 Amount of Taxes Withheld		25A Present Employer -		43 Fixed Housing Allowance	
		25B Previous Employer, if applicable -		44 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) -		27 5% Tax Credit (PERA Act of 2008) -		44A	
28 Total Taxes Withheld (Sum of Items 26 and 27) -				44B	
				SUPPLEMENTARY	
				45 Commission	
				46 Profit Sharing	
				47 Fees Including Director's Fees	
				48 Taxable 13th Month Benefits -	
				49 Hazard Pay	
				50 Overtime Pay	
				51 Others (specify)	
				51A 27,276.01	
				51B	
				52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 108,059.13	
<p>I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Policy" (DPP) (RA No. 10173) for legitimate and lawful purposes.</p>					
53 Present Employer/Authorized Agent Signature over Printed Name METHYL O. TAER		Date Signed 02/05/2024			
54 Employee Signature over Printed Name CARMONA, KAREN P. ce/01/24		Date Signed 02/09/2024		Amount paid, if CTC	
CTC/Valid ID No. of Employee CC1201905794546		Place of Issue CITY OF		Date Issued 02/01/2024 113.0	
To be completed under substituted filing					
<p>I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.</p>			<p>I declare, under the penalties of perjury that I am qualified under substituted filing of income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year that taxes have been correctly withheld by my employer (as due equals tax withheld), and that BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return, and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 2316 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.</p>		
55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) METHYL O. TAER			56 Employee Signature over Printed Name CARMONA, KAREN P.		

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Holy Name University
Office of the Registrar
City of Tagbilaran

07040 06896140 202305311007

Re-Accredited:

Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU - 1987) as certified to by the Federation of Accrediting Agencies of The Philippines (FAAP)

Granted:

Autonomy Status per CHED Memo Order No. 32, Series of 2001

Official Transcript of Records

Personal Data

Name **CARMONA, Karen Palapar**
Birth Date **January 8, 2002**
Birth Place **Calape, Bohol, Philippines**
Gender **Female**
Religion **Roman Catholic**
Citizenship **Filipino**
Parents **Carmona, Rommel (Father)**
Palapar, Gina (Mother)
Address **Cabancalan, Sevilla, Bohol, Philippines**



Record of Preliminary Education

Completed:	Name of School	School Year
Primary		
Intermediate	Lonoy Heroes Memorial High School	2013-2014
Secondary	Dimiao National High School-(SHS)	2019-2020

Course: Bachelor of Science in Accountancy

COLLEGIATE RECORD

School Term & Course No.	Descriptive Title	Final Rating	Units
1st Semester S.Y. 2020 - 2021 Holy Name University			
ACC Plus	Fundamentals of Accounting	1.7	6.0
ECON 1	Principles of Economics w/ Agr. Ref and Cons Ed	1.9	3.0
FIN 2	Business Finance	2.0	3.0
FIT ME	Movement Enhancement	1.4	2.0
GEC SELF	Understanding the Self	1.1	3.0
MGT 1	Business Organization and Management	1.6	3.0
MKTG 1	Principles of Marketing	1.3	3.0
NSTP-CWTS 11	National Service Training Program - Civic Welfare Training Service 11	1.4	3.0
2nd Semester S.Y. 2020 - 2021 Holy Name University			
ACC 100	Financial Accounting and Reporting	1.9	3.0
ACC 101	Conceptual Framework and Accounting Standards	2.4	3.0
ACC 103	Financial Markets	1.8	3.0
ACC 104	IT Application Tools in Business	1.6	3.0

Grading System

1.0-1.5 (90%-100%) Excellent; 1.6-2.0 (89%-85%) Very Good; 2.1-2.5 (84%-80%) Good; 2.6-3.0 (79%-75%) Passed; 5.0 (Below 75%) Failure: must repeat; WD - Withdrawn Subject; DR - Dropped; INE - Incomplete Examination; INC - Incomplete Requirement; NC - No Credit; NA - Never Attended



One collegiate unit of credit is one hour lecture or recitation each week for a period of complete semester of 18 units

Three hours of laboratory work each week or a total of 54 hours a semester are regarded as equivalent also to one unit of credit.

The semestral average grade of a student is computed by multiplying the number of units assigned to a course by the grade earned and the product is divided by the total units earned for the semester.



Prepared by: **EMERITA S. PABALAN**

Checked by: **LOIDA N. MADLANGBAYAN**

Date: **31 May 2023**

DR. VICTORIA C. MILLANAR
University Registrar

NOT VALID WITHOUT SEAL



Holy Name University
Office of the Registrar
City of Tagbilaran

07040 06896140 202305311007

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Granted:

Autonomy Status per CHED Memo Order No. 32, Series of 2001

Official Transcript of Records

CARMONA, Karen Palapar

Course: Bachelor of Science in Accountancy

COLLEGIATE RECORD

School Term & Course No.	Descriptive Title	Final Rating	Units
2nd Semester S.Y. 2020 - 2021 Holy Name University			
FIT FE	Fitness Exercises	1.2	2.0
GEC ART	Art Appreciation	1.5	3.0
GEC MATH	Mathematics in the Modern World	1.7	3.0
NSTP-CWTS 12	National Service Training Program - Civic Welfare Training Service 12	1.4	3.0
WITNESS SCI	Science, Environment and Religion	1.4	3.0
Reference NSTP Serial Number: CWTS C-07-018958-21			
1st Semester S.Y. 2021 - 2022 Holy Name University			
ACC 102	Intermediate Accounting 1	1.6	3.0
ACC 107	Managerial Economics	1.6	3.0
ACC 108	Law on Obligations and Contracts	1.3	3.0
FIT PATH (a)	Physical Activity Towards Health and Fitness 1	1.5	2.0
GEC ETHICS	Ethics	1.8	3.0
GEC HIST	Readings in Philippine History	1.2	3.0
GEC STS	Science, Technology and Society	1.6	3.0
HBO	Human Behavior in Organization	1.7	3.0
WITNESS SOC	Society, Social Issues and Social Teachings	1.4	3.0
2nd Semester S.Y. 2021 - 2022 Holy Name University			
ACC 101	Conceptual Framework and Accounting Standards	3.0	3.0
ACC 111	Governance, Business Ethics, Risk Management and Internal Control	3.0	3.0
ACC 117	Economic Development	1.9	3.0
CBM 100	Operations Management and TQM	1.7	3.0
FIT PATH (b)	Physical Activity Towards Health and Fitness 2	1.8	2.0
GEC COM	Purposive Communication	1.6	3.0
GEC RIZAL	Life and Works of Rizal	1.5	3.0
GEC WORLD	The Contemporary World	1.0	3.0
WITNESS CUL	Society, Culture and Religious Heritage	1.5	3.0
<i>End of Student's Records</i>			

Grading System 1.0-1.5 (90%-100%) Excellent; 1.6-2.0 (89%-85%) Very Good; 2.1-2.5 (84%-80%) Good; 2.6-3.0 (79%-75%) Passed; 5.0 (Below 75%) Failure: must repeat; WD - Withdrawn Subject; DR - Dropped; INE - Incomplete Examination; INC - Incomplete Requirement; NC - No Credit; NA - Never Attended

One collegiate unit of credit is one hour lecture or recitation each week for a period of complete semester of 18 units

Three hours of laboratory work each week or a total of 54 hours a semester are regarded as equivalent also to one unit of credit.

The semestral average grade of a student is computed by multiplying the number of units assigned to a course by the grade earned and the product is divided by the total units earned for the semester.

REMARKS: FOR INFORMATIVE COPY...



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Checked by: **LOIDA N. MADLANGBAYAN**

Date: **31 May 2023**
DR. VICTORIA C. MILLANAR
University Registrar

NOT VALID WITHOUT SEAL

