



Republic of the Philippines  
Province of Leyte  
Municipality of Palompon  
Barangay San Pedro

Date: 05/06/2024

**ROLANDO NUENA**  
Punong Barangay

**MERCEDES OBAOB**  
Sangguniang Barangay Member  
Chairman on Health & Sanitation

**EDGARDO BALORO**  
Sangguniang Barangay Member  
Chairman on Peace and Order

**PAULITA PIÑON**  
Sangguniang Barangay Member  
Chairman on Human Rights

**ARNEL JUABLAR**  
Sangguniang Barangay Member  
Chairman on Education

**LEVY DOMINGONO**  
Sangguniang Barangay Member  
Chairman on Finance and  
Appropriation

**ARTEMIO DOMINGONO**  
Sangguniang Barangay Member  
Chairman on Agriculture

**CORAZON MISA**  
Sangguniang Barangay Member  
Chairman on Sanitation and  
Environmental Protection

**ROVELYN JUABLAR**  
Barangay Secretary

**MARITSIL JUABLAR**  
Barangay Treasurer

## BARANGAY CLEARANCE

### TO WHOM IT MAY CONCERN:

This is certify that Mr./Ms./Mrs. **NICOLE R. BITOY**, married/  
Single, Filipino citizen, a resident of Barangay San Pedro, Palompon, Leyte.

He/ She is personally known to the undersigned to be a person of good moral  
Character, law-abiding citizen and not connected to any subversive organization.

This certification is issued upon the request of the above-named person for  
Whatever legal purpose/s this may serve him/her best.

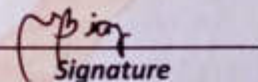
**ROLANDO NUENA**  
Punong Barangay

Community Tax Certification No. : \_\_\_\_\_

Issued on : \_\_\_\_\_

Issued at : \_\_\_\_\_

Control: \_\_\_\_\_

  
Signature

Right Thumb mark

### Note:

It can be revoke if it used in any illegal purposes



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



40116490

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO.  
**B300CN3E20-L09398619**

FAMILY NAME  
**BITOY**

MIDDLE NAME  
**RICOHERMOSO**

ADDRESS  
**BRGY SAN PEDRO PALOMPON LEYTE**

DATE OF BIRTH  
**March 29, 2002**

CITIZENSHIP  
**FILIPINO**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO RECORD ON FILE**

VALID UNTIL  
**June 06, 2025**

FIRST NAME  
**NICOLE**

HUSBAND'S SURNAME

PLACE OF BIRTH  
**SANTA CRUZ MARINDUQUE**

CIVIL STATUS  
**SINGLE**



SIGNATURE

GENDER  
**FEMALE**



Date Printed: Thursday, June 6, 2024 01:57 PM



B300CN3E20-L09398619

*Medardo G. de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Agency	L09	DATID	manualesc
CASID	manualesc	BIQID	manualesc
O.R No	6HD7J1SK	RECID	
O.R Date	06/06/2024 1:54:38 PM	INTID	
DST PAID		PRTID	manualesc



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
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>Marinduque</u>			Registry No. <u>2002-399</u>			
City/Municipality <u>Santa Cruz</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>NIQUEL</u> <u>NIQUELMOYO</u> <u>BITOY</u>		For OCRG USE ONLY: Population Reference No.			
	2. SEX ___ 1 Male ___ <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>29</u> <u>March</u> <u>2002</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>SANTA CRUZ DISTRICT HOSPITAL, STA. CRUZ, MARINDUQUE</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH ___ 1 Single ___ 2 Twin ___ 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify _____		41 <u>0200399</u> [ ] [ ] [ ] [ ] [ ] [ ]	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3317</u> grams		48 [ ] [ ] [ ] [ ] [ ] [ ] 49 <u>29 03 2002</u> [ ] [ ] [ ] [ ] [ ] [ ]	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Glenda G. Niqueles</u>		8. RELIGION <u>Jehova's Witnesses</u>			
	7. CITIZENSHIP <u>Filipino</u>		9. No. of children born alive: <u>2</u>			
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>29</u> years			
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Barangay Nupi, Santa Cruz, Marinduque</u>		13. No. of children still living including this birth: <u>2</u>			
	13. NAME (First) (Middle) (Last) <u>Allan N. Bitoy</u>		15. RELIGION <u>Jehova's Witnesses</u>			
FATHER	14. CITIZENSHIP <u>Filipino</u>		16. No. of children born alive but are now dead: <u>0</u>			
	16. OCCUPATION <u>Security Guard</u>		17. Age at the time of this birth: <u>30</u> years			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the RCRC) <u>February 12, 1999, Judge Office, Santa Cruz, Marinduque</u>					
	19a. ATTENDANT ___ 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Healer (Traditional Midwife) ___ 5 Others (Specify) _____		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:45</u> o'clock am/pm on the date stated above.			
	Signature <u>[Signature]</u> Name in Print <u>JOSEPHINE M. BOGA, M.D.</u> Title or Position <u>Medical Officer V</u>		Address <u>Sta. Cruz District Hospital, Santa Cruz, Marinduque</u> Date <u>March 29, 2002</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>GENERA R. BITOY</u> Relationship to the child <u>Father</u>		Address <u>Barangay Nupi, Santa Cruz, Marinduque</u> Date <u>April 1, 2002</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MUSTER P. JIMENA</u> Title or Position <u>CLERK III</u> Date <u>April 1, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>SARAGO M. BELA BOGA</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>April 3, 2002</u>				

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BEST POSSIBLE IMAGE



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BReN

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Documentary  
 Stamp Tax Paid

*Carmelita N. Ericta*

CARMELITA N. ERICTA  
 Administrator and Civil Registrar General  
 National Statistics Office





## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121342689974
REGISTRATION TRACKING NO	924152668713

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION MIDDLE NAME NO MIDDLE NAME
MEMBER	BITOY	NICOLE	RICOHERMOSO <input type="checkbox"/>
FATHER	BITOY	ALLAN	DIONGZON <input type="checkbox"/>
MOTHER (Maiden Name)	RICOHERMOSO	GLENDA	QUINTO <input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BITOY	NICOLE	RICOHERMOSO <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
03/29/2002	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP	SSS NUMBER	
SANTA CRUZ, MARINDUQUE	FILIPINO	GSIS NUMBER	
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	156.00	45.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS			
PERMANENT HOME ADDRESS			COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor	Building Name		Home
Lot No., Block No., Phase No.	House No.	Street Name	Cell Phone
Subdivision	Barangay		+63 (0945) 1108763
Municipality/City	Province/State/Country		Business (Direct Line)
PALOMPON	LEYTE, PHILIPPINES		Business (Trunk Line)
ZIP Code			Email Address
6538			bitoynicole3@gmail.com
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	
House No.	Street Name	Subdivision	Barangay
			SAN PEDRO
Municipality/City	Province/State/Country		ZIP Code
PALOMPON	LEYTE, PHILIPPINES		6538
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



13-253030642-2

BITOY, NICOLE RICOHERMOSO

MARCH 29, 2002 - FEMALE

SAN PEDRO PALOMPON, LEYTE - 6538



*Nicole Ricohermoso Bitoy*  
Signature



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SPONSORED



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

SS NUMBER SLIP

06-4867247-6

BITOY, NICOLE RICOHERMOSO

03/29/2002



06-4867247-6 BITOY, NICOLE RICOHERMOSO



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

## Digital TIN ID



**653-679-858**

NICOLE RICOHERMOSO  
BITOY

SCAN TO VALIDATE INFO



# PALOMPON INSTITUTE OF TECHNOLOGY

Evangelista St., Palompon, Leyte | Website: <https://pit.edu.ph> | Email: [registrarpit.edu.ph](mailto:registrarpit.edu.ph) | Telephone: (053)535-8841

Ref. Code: PIT-REG-FRM-R-2-14  
Rev. No: 00  
Page No: 1 of 2  
Date: January 17, 2023  
Prep. By: Registrar  
Rev. By: GMG-DAC  
Appr. By: President

## OFFICIAL TRANSCRIPT OF RECORDS

### PERSONAL INFORMATION

Student Name : BITOY, NICOLE RICOHERMOSO  
ID Number : 20-0412-370  
Birthdate : MARCH 29, 2002  
Birthplace : SANTA CRUZ, MARINDUQUE  
Sex : FEMALE  
Religion : PENTECOSTAL  
Citizenship : FILIPINO  
Parent/Spouse : GLENDA R. BITOY  
Address : SAN PEDRO, PALOMPON, LEYTE  
REGION 8 - EASTERN VISAYAS, PHILIPPINES



### PRELIMINARY EDUCATION

Elementary : TAMBIS ELEMENTARY SCHOOL Year : 2014  
Secondary : NORTHERN LEYTE COLLEGE Year : 2020

### ADMISSION DATA

Category : SENIOR HIGH SCHOOL GRADUATE Degree/Title Pursued : BACHELOR OF SCIENCE IN HOSPITALITY MANAGEMENT (B.S.H.M.)  
Date Admitted : FIRST SEMESTER, A.Y. 2020-2021  
College of : ARTS AND SCIENCES

### GRADING SYSTEM

#### FOR UNDERGRADUATE LEVEL

Grade	Equivalent	Grade	Equivalent
1.0	95-100	2.2	83
1.1	94	2.3	82
1.2	93	2.4	81
1.3	92	2.5	80
1.4	91	2.6	79
1.5	90	2.7	78
1.6	89	2.8	77
1.7	88	2.9	76
1.8	87	3.0	75
1.9	86	4.0	Conditional Failure
2.0	85	5.0	Failure
2.1	84		

#### FOR MARITIME EDUCATION PROGRAMS

Grade	Equivalent
1.0	Excellent
1.25 - 1.50	Very Good
1.75 - 2.00	Good
2.25 - 2.50	Satisfactory
2.75 - 3.00	Pass
5.0	Fail

#### FOR GRADUATE LEVEL

Grade	Equivalent
1.0	Excellent
1.1 - 1.3	Very Good
1.4 - 1.5	Good
1.6 - 1.8	Satisfactory
1.9 - 2.0	Fair
5.0	Fail

Incomplete (INC), No Grade (NG), No Attendance (NA), Drapped (DRP)

One unit of credit is one hour lecture of recitation each week for the period of a complete semester.  
In all courses, two and a half to three hours of laboratory work, and, in technical courses, three hours of drafting or shop work, are regarded as the equivalent of one hour of recitation or lecture.

This transcript is considered original and valid only when it bears the seal of the College and the original signature in ink of the Registrar. Any erasure or alteration made on this copy renders the whole transcript invalid.

Prepared by:

RIZA M. FRANCO  
Clerk in-Charge

Checked by:

ROSSAN MOLON  
Clerk

JONALOC GECAIN  
Registrar III

