

**CEBU TECHNOLOGICAL UNIVERSITY**

Main Campus, R. Palma St. cor M.J. Cuenco Ave., Cebu City Philippines 6000

Tel No. (032) 412-1400 <http://www.ctu.edu.ph>

01/30/2024 11:16:53 AM

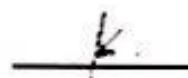
**CERTIFICATE OF REGISTRATION**2<sup>nd</sup> Semester SY 2023-2024

BLOCK CODE: BPA\_DAY\_II-C

ID NO. 1336798		NAME: QUIROS, JEHON JAMEL LAWAS			BPA 2		Old Student		
CODE	SUBJECT	DESCRIPTION	UNITS	TIME	DAY	ROOM	CHARGES	AMOUNT	
AS1215	GEE-LD	LITERATURES FOR DEVELOPMENT	3.0	1-4pm	T	AM RM	Tuition 23 Unit(S)	3,450.00	
AS1216	GEC-PC	PURPOSIVE COMMUNICATION	3.0	1-4pm	Th	CM RMS	Athletics Fee	200.00	
AS1217	GEC-RPH	READINGS IN PHILIPPINE HISTORY	3.0	1-4pm	W	CM RMS	Computer Fee	400.00	
AS1218	GEE-TEM	THE ENTREPRENEURIAL MIND	3.0	9-12nn	W	CM RMS	Cultural Fee	150.00	
AS1219	PE 4	PHYSICAL EDUCATION 4	2.0	9-12nn	Th	DMSIB8	Development Fee	3,040.00	
CM160	PA-M 229	GOVERNANCE AND DEVELOPMENT	3.0	9-12nn	F	AM RM	Guidance Fee	90.00	
CM161	PA-M 2210	LEADERSHIP AND DECISION MAKING	3.0	1030- 12nn	M	DPSS IE	Library Fee	350.00	
CM162	PA-M 2211	LOCAL AND REGIONAL GOVERNANCE	3.0	1-4pm	M	PSIB 6	Medical And Dental	200.00	
							Registration Fee	50.00	
<b>TOTAL UNIT(S)</b>			<b>23.00</b>					<b>TOTAL AMOUNT:</b>	<b>7,930.00</b>

2024-01-30  
  
**MARIA GRIJENA G. CORSO**  
 Registrar II

REGISTRAR

  
 \_\_\_\_\_  
 STUDENT

\*Note: Show this form in case of irregularities. DO NOT LOSE.



# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER	
121A	4795 9611
REGISTRATION TRACKING NUMBER	
9191-1211-7285	

- INSTRUCTIONS**
1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
  2. Type or print all entries in BLOCK or CAPITAL LETTERS.
  3. All fields marked with asterisk (\*) are mandatory.
  4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
  5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
  6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
  7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
  8. On the "HEIRS" portion, the provision on the Law on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
  9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED	<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED		
<b>MEMBERSHIP CATEGORY</b>					
<b>MANDATORY</b>		<b>VOLUNTARY</b>			
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION		
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT		
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify		
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP			
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR			
<b>PERSONAL DETAILS</b>					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (a 2, Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER	QUIROS	JEHON JAMEL		LAWAS	<input type="checkbox"/>
FATHER	QUIROS	JEMINILDO JOSE		ALMADEN	<input type="checkbox"/>
MOTHER (Maiden Name)	LAWAS	MA. NIDA		AGUILAR	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
02 01 2001	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP		SSS/GSIS NUMBER		
DANAO CITY, CEBU	FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
*SEX	HEIGHT	WEIGHT	EMPLOYEE NUMBER		
<input checked="" type="checkbox"/> Female	164 (cm)	50 (kg)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		For AFP/PNP Employee, Serial/Badge No.	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
				For DepEd Employee, Division Code-Station Code	
				[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>ADDRESS AND CONTACT DETAILS</b>					
*PERMANENT HOME ADDRESS				(Indicate country code if abroad)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
				CANLINGO	Home [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Cell Phone [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
SABANG		DANAO	CEBU	6004	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PRESENT HOME ADDRESS				Business (Direct Line)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
				CANLINGO	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Trunk Line) Local
SABANG		DANAO	CEBU	6004	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PREFERRED MAILING ADDRESS				Email Address	
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.