Republic of the Philippines
Department of Science and Technology
SCIENCE EDUCATION INSTITUTE

2027 DOST-SEI SCIENCE AND TECHNOLOGY UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

FORM D – CERTIFICATION OF GOOD HEALTH

TO WHOM IT MAY CONCERN:

This is to certify that _____ is of good
(Name of Applicant)

health and is fit to study in college.

Certified by (must be Private/Barangay Health Center Physician/Nurse/Midwife):

Full Name: _____
Designation: _____
Signature: _____
License No.: _____
Date Signed: _____

NOTE: Failure to properly complete the form (including the applicant's name, and/or health officer's name, designation, signature, license no. (if applicable), and date signed) will result in the disqualification of the application for the scholarship.