



Republic of the Philippines  
**Department of Education**

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Republic of the Philippines  
Department of Education

Office of the  
Undersecretary

**MEMORANDUM**

**TO :** **BUREAU DIRECTORS**  
**DIRECTORS OF SERVICES/ CENTERS AND HEADS**  
**OF UNITS**  
**REGIONAL DIRECTORS**  
**SCHOOLS DIVISION/ CITY SUPERINTENDENTS**

**FROM :** **VILMA L. LABRADOR**  
Undersecretary for Programs and Projects

**SUBJECT :** **SUBMISSION OF NOMINEES FOR THE ITEC**  
**PROGRAMS**

**DATE :** **OCTOBER 30, 2008**

1. The Department of Education is now accepting nominees for the Indian Technical and Economic Cooperation (ITEC) thru the Technical Education and Skills Development Authority (TESDA) for the following programs:

<b>Title of Program</b>	<b>Duration</b>
Certificate of Proficiency in English Communication	March 6 – April 30, 2009
Certificate of Proficiency in Graphic Designing	March 6 – April 30, 2009

2. Each Bureau, Region and Divisions is hereby requested to nominate qualified applicants for the ITEC programs. Attached are the terms and conditions on program participation and course participant's information sheet.
3. The deadline for submission of nominees to the Office of the Assistant Secretary for Programs and Projects at the DepEd Central Office is November 28, 2008. Please ensure that all necessary documents are complete upon submission.
4. For queries, please call the Office of the Assistant Secretary for Programs and Projects at tel. nos. (02) 6337206 or (02) 6321361 local 2125.
5. Immediate and wide dissemination of this Memorandum is desired.

  
**LABRADOR**

## EXECUTIVE SUMMARY

**Title of Program** : **Certificate of Proficiency in English Communication**

**Schedule of Program** : March 6 – April 30, 2009

**Donor Country** : Indian Technical and Economic Cooperation (ITEC)

**Venue** : Aptech Limited, New Delhi, India

**Number of Slot/s** : 2

**Deadline of Submission** : January 22, 2009

**Participant's Qualification** :

1. **officials with prior knowledge of Basic English is essential ;**
2. **minimum of bachelor's degree or equivalent;**
3. **relevant work experience;**
4. **age must be 45 and below;**
5. **nominated by their respective governments in accordance with procedures for application;**
6. **have sufficient command of spoken and written English;**
7. **be in good health, both physically and mentally.**

**Program Objective/s** :

The training program will help the participants to:

- Acquire skills for fluency in English communication for everyday and business situations.

**Program Arrangement** :

- Air fare, accommodations and allowances will be provided by the Government of India under ITEC/SCAAP.

## EXECUTIVE SUMMARY

**Title of Program** : **Certificate of Proficiency in Graphic Designing**

**Schedule of Program** : March 6 – April 30, 2009

**Donor Country** : Indian Technical and Economic Cooperation (ITEC)

**Venue** : Aptech Limited, New Delhi, India

**Number of Slot/s** : 2

**Deadline of Submission** : January 22, 2009

**Participant's Qualification** :

1. **knowledgeable in computers** and with **an inclination towards creativity** is an advantage;
2. **minimum of bachelor's degree or equivalent;**
3. **with relevant work experience;**
4. age must be **45 and below;**
5. nominated by their respective governments in accordance with procedures for application;
6. have sufficient command of spoken and written English;
7. be in good health, both physically and mentally.

**Program Objective/s** :

The training program will help the participants to:

- Acquire concepts of digital graphics and equip them with thorough knowledge of creating, image-editing and publishing graphics.

**Program Arrangement** :

- Air fare, accommodations and allowances will be provided by the Government of India under ITEC/SCAAP.

**Technical Education and Skills Development Authority  
Foreign Scholarship and Training Program**

**I. Nominee Qualification Requirements**

**A. Philippine Government**

1. No age limit unless otherwise specified by the donor country/organization
2. Must have rendered at least 2 years of service
3. Must hold a permanent appointment
4. Must have a college degree or sufficient demonstrated ability and experience related/ relevant to the program/course nominated in
5. Must not have a pending application for scholarship in another program
6. Must have already rendered the required service obligation for a scholarship previously enjoyed

**II. Scholarship Terms and Coverage**

**A. Nominating Agency/Institute**

- Salary of the scholar to be paid for the duration of the training

**B. Donor Country/Organization**

- Please refer to the attached brochure/note verbal

**III. Basic Documentary Requirements – To be submitted on the scheduled date by TESDA**

- A. Nomination Letter** signed by the Department Secretary or Head of Agency/University or Entity or the duly Authorized official, addressed to:

**Secretary Augusto Boboy Syjuco, Ph. D.**

Director General

Technical Education and Skills Development Authority

East Service Road, South Superhighway, Taguig City

**ATTENTION: Foreign Scholarship and Training Program (FSTP) Unit**

PEVOTI Building, TESDA Complex

East Service Road, SSH, Taguig City

The nomination letter should state:

- Why the candidate is being nominated and
- That the salary of the nominee will be paid while on training

- B. Personal Data Sheet to include a list of training and seminars attended (1 original, 3 photocopies)
- C. Certified true copies of the Transcript of Records for Baccalaureate and Graduate courses (4 copies)
- D. Certified true copies of Diploma for Baccalaureate and Graduate courses (4 copies)
- E. Service Record (1 original, 3 certified copies)
- F. Statement of Actual Duties and Responsibilities (1 original, 3 certified copies)
- G. Certification from the Head/Manager of the Human Resource Department stating: (1 original, 3 certified copies)

1. That the nominee has no pending administrative and/or criminal case
2. That the nominee has no pending scholarship nomination
3. The latest Performance Rating for two consecutive semesters

**IV. Additional documents required to be SUBMITTED ON THE DATE OF INTERVIEW.**

**For the Indian Technical and Economic Cooperation (ITEC):**

1. Accomplished ITEC application form (1 original and 3 photocopies)
2. Medical Certificate including results (1 original, 3 certified copies)
  - Urinalysis
  - Fecalalysis
  - CBC
  - ECG
  - Chest X-Ray
3. Certification of English Proficiency issued by the HRD Head/Chief (1 original, 3 certified copies)

GOVERNMENT OF INDIA  
MINISTRY OF EXTERNAL AFFAIRS  
INDIAN TECHNICAL AND ECONOMIC COOPERATION ( ITEC ) AND  
SPECIAL COMMONWEALTH ASSISTANCE FOR AFRICA PROGRAMME ( SCAAP )  
(Application for the courses fully funded by the Ministry of External Affairs, Government of India)

Please read instructions carefully before applying

APPLICATION FORM

3 x 4 cm

PART-I

Nationality: \_\_\_\_\_ Name of Course: \_\_\_\_\_  
Institute : \_\_\_\_\_ Commencing : \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

1. Personal Particulars

Name(s):

Surname:

Sex (tick one): MALE / FEMALE

Marital Status:

Date of Birth:

Date - Month - Year

Passport No.:- \_\_\_\_\_ Date & Place of issue :- \_\_\_\_\_ Valid till :- \_\_\_\_\_

Address:	Office	Res.
Tel Nos.		
Mobile/Cell :		
Fax :		
E-mail :		
Special dietary needs, if any : _____		

**Person(s) to be notified in case of Emergency**

	Official Contact	Personal / Family Contact
Name :		
Address:		
Tel Nos:		
Mobile /Cell :		
Fax:		
E-mail:		

**Educational Qualification/(s)**

	Degree / Diploma / Certificates	Year	Name of Educational Institute
1			
2			
3			
4			

**Professional Qualification(s), if any:**

	Professional Qualification (s)	Year	Name of Institute
1			
2			
3			
4			

**2. Details of Employment/Profession (current & previous)**

Name of Employer / Department / Company	Position	Period	Description of Work

**Are you an employee of: (Mark appropriate box)**

- a. Government                       b. Semi-government/Parastatal   
c. Private company                       d. Self-employed                       e. Others

**Details of present employer :**

Name / address : \_\_\_\_\_  
\_\_\_\_\_

Tel. No. : \_\_\_\_\_

E-mail : \_\_\_\_\_

3. Have you ever attended a course sponsored by the Government of India? (Mark one)

YES	NO
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(i) If answer to 3 is yes, details of the Course \_\_\_\_\_

4. Details of Course(s) attended, if any, outside your country:

Country	Course Details & Duration	Year	Sponsor/Programme

5. Please describe in your own words (about 100 words):

- (a) qualification/experience in the related to the course applied for; &
- (b) reason (s) for applying for this training course.

6. Certification of English language proficiency (by Indian Mission/Designated Authority)

	Good	Basic	Remarks
Spoken			
Written			

Mother tongue / Native language: \_\_\_\_\_ / Other language(s), if any : \_\_\_\_\_

English Language test administered by: \_\_\_\_\_

Tel. Number : \_\_\_\_\_

Name & Address : \_\_\_\_\_

E-mail : \_\_\_\_\_

Signature with date : \_\_\_\_\_

## MEDICAL REPORT

(To be certified by a doctor/hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission)

(i) Name of Applicant:
(ii) Age:
(iii) Sex: (Male / Female)
(iv) Height (cm):
(v) Weight (kg):
(vi) Blood Group:
(vii) Blood Pressure:

1. Is the person examined in good health at present ?	
2. Is the person examined physically and mentally able to carry out intensive training away from home?	
3. Is the person free of infectious diseases (HIV/AIDS, tuberculosis, trachoma, skin diseases etc), Yellow fever certificate (in case of people coming from that region or as laid out in WHO Regulations).	
4. Does the person examined has any medical condition or defect which might require treatment during the course ?	
5. List of any observed abnormalities indicated in the chest X ray.	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Doctor/Physician: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Address of Clinic / Hospital \_\_\_\_\_

and City / Town : \_\_\_\_\_

Telephone : \_\_\_\_\_

E mail: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Doctor/Physician: \_\_\_\_\_ Seal of Clinic/Hospital: \_\_\_\_\_

## IMPORTANT NOTICE

- Please read the form carefully. The application will be automatically rejected if any column is inaccurate, incomplete or blank.
- Declaration by the candidate and the recommendations from employer, if any, are compulsory pre-requisites.
- Working knowledge of the English language is a pre-requisite. For English language and language related courses, basic knowledge of English is required.
- Candidates who leave the course midway for personal reasons without prior permission of the Ministry of External Affairs or remain absent from the programme without sufficient reasons are expected to refund the cost of training and airfare to Government of India.
- Female candidates are hereby informed that they will not be allowed to join the Course if they are in family way before leaving for India.

## UNDERTAKING BY THE APPLICANT

I, \_\_\_\_\_  
(Name, Middle name, Family name)

of (country) \_\_\_\_\_ certify that information provided by me in this form is true, complete and correct.

I also certify that :-

- (i) I have read the course brochure and that I am aware of the course contents and living conditions in India \*.
- (ii) I have sufficient knowledge of English to participate in the training programme.
- (iii) I am medically fit to participate in the Course and have submitted a medical certificate from the designated doctor.
- (iv) I have not attended any programme previously sponsored by Government of India.
- (v) I have not applied for or am not required to attend any other training course/conference/meeting etc. during the period of the course applied for.

If accepted for the ITEC / SCAAP training programme, I undertake to:

- (a) Comply with the instructions and abide by Rules, Regulations and guidelines as may be stipulated by both the nominating and sponsoring Governments in respect of the training;
- (b) Follow the full and complete course of study or training and abide by the Rules of the University/Institution/ Establishment in which I undertake to study or undergo training;
- (c) Submit periodic assessments / tests conducted by the Institute (progress report which may be prescribed);
- (d) Refrain from engaging in political activity, or any form of employment for profit or gain;
- (e) Return to my home country at the end of the course of study or training;
- (f) I also fully undertake that if I am granted a training award, it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.

**For lady participants :- I confirm that I will not travel to India to attend the Course I have applied for if I am in the family way.**

Date:

Place:

(SIGNATURE OF THE APPLICANT)

Name: \_\_\_\_\_

\* Details of the course are on the website of the Institute or can be obtained from them by e-mail.

**PART – II**

**To be completed by the authorized official of the  
Nominating Government/Employer**

I, SECRETARY AUGUSTO BOBOY SYJUCO on behalf of the Government of Government of the Philippines certify that:

- (a) I have examined the educational, professional and other certificates quoted by the nominee in Part – I of this form and I am satisfied that they are authentic and relate to the nominee.
- (b) I have gone through the medical certificates and X-ray reports produced by the nominee which state that he/she is medically fit and free from any infectious disease such as HIV/AIDS and yellow fever and that having regard to his/her physical and mental history there is no reason to indicate that the nominee is other than fit to undertake the journey to India and to undergo training in India.
- (c) The nominee has adequate knowledge of spoken and written English to enable him to follow the course of training for which he/she is being nominated.
- (d) The nominee has not availed of ITEC/SCAAP training facilities earlier in India.

I nominate Mr./Mrs./Miss \_\_\_\_\_ of the Philippines /as employer

Name of Nominating Authority: SEC. AUGUSTO BOBOY SYJUCO

Designation: Director General

Address: TESDA, Taguig City

Date:

Place:

\_\_\_\_\_  
Signature

**SECRETARY AUGUSTO BOBOY SYJUCO, Ph.D.  
DIRECTOR GENERAL**

\_\_\_\_\_  
Name and Designation