



Department of Education  
Region X- Northern Mindanao  
**DIVISION OF MALAYBALAY CITY**

Barangay 6, Casisang, City of Malaybalay

Telefax # 088-813-2894 or 221-4597, E-mail add: [dpdmiyblycity@yahoo.com](mailto:dpdmiyblycity@yahoo.com)

Website: <http://depedmalaybalay.phoe4.me>



**DIVISION MEMORANDUM**

No. 467, s. 2017

2017-09-127  
DepEd-MALAYBALAY CITY  
**RELEASED**  
DATE: SEP 11 2017 10:20  
BY: [Signature]

**TO:** Chief Education Program Supervisors and Staff, SEOB and CSD  
Secondary School Heads  
This Division

*[Signature]*  
**FROM:** EDILBERTO L. OPLENARIA, CESO VI  
Schools Division Superintendent

**SUBJECT:** DISSEMINATION OF LIST OF PASSERS IN COMPUTER SYSTEMS  
SERVICING NC II OF SAN MARTIN AGRO-INDUSTRIAL NATIONAL  
HIGH SCHOOL GRADE 12 STUDENTS

**DATE:** September 8, 2017

1. This Office disseminates and congratulates the new Computer Systems Servicing NC II passers of San Martin Agro-Industrial National High School, Grade 12 students held last August 27, 28, and 29, 2017, namely:

- |                           |                             |
|---------------------------|-----------------------------|
| 1. Mejelyn C. Barito      | 12. Balisy N. Inocencio     |
| 2. Lenard P. Bagtong      | 13. Arnel C. Malin          |
| 3. Romar M. Cabasis       | 14. Kinn Jone A. Ladesma    |
| 4. Arvey Joy T. Branzuela | 15. Regime C. Mamugay       |
| 5. Jhoven N. Carbonilla   | 16. Nelna C. Malin          |
| 6. Jhovanie N. Carbonilla | 17. Ian Rey V. Simbo        |
| 7. Albert M. Galola       | 18. Jester Dave S. Quimot   |
| 8. Hahoreb M. Edesa       | 19. Ivy J. Villasencio      |
| 9. Heidi Lois M. Garcia   | 20. Milky John R. Tagalicod |
| 10. Ariel M. Geoca        | 21. Genni B. Atadero        |
| 11. Kint Daves A. Ladesma |                             |

2. Assessment was conducted by Technical Education and Skills Development Authority (TESDA) per TESDA Circular dated June 10, 2011, these passers are confirmed as competent.

3. Immediate dissemination of this memorandum is desired.

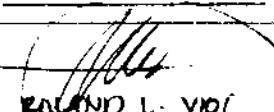

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. 05171018114000321

ULI No. BMC-99-782-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	MEJELYN C. BARITO		Date issued:	8/27/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II			
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Date of Assessment:		
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent	
Recommendation:	<input type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)	<input type="checkbox"/> For submission of Additional documents. Specify:	<input type="checkbox"/> For re-assessment (pls. specify)	
Assessed by:	 ROLANDO L. VIRI Name and Signature	Assessed by:	 REYNALDO M. ARGELINO, JR. Name and Signature of Assessment Center Manager	
Date:	8/27/17	Date:	8/27/17	

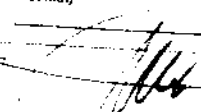
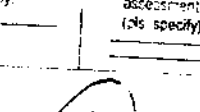
CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. 05171018114000322

ULI No. BLP-99-459-10043-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	LENARD P. BAGTONG	Date issued:	8/27/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II		
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Date of Assessment:	8/27/17
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)	<input type="checkbox"/> For submission of Additional documents. Specify:	<input type="checkbox"/> For re-assessment (pls. specify)
Assessed by:	 ROLANDO L. VIRI Name and Signature	Assessed by:	 REYNALDO M. ARGELINO, JR. Name and Signature of Assessment Center Manager
Date:	8/27/17	Date:	8/27/17

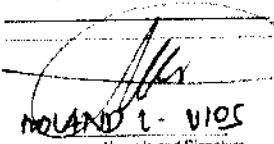

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)



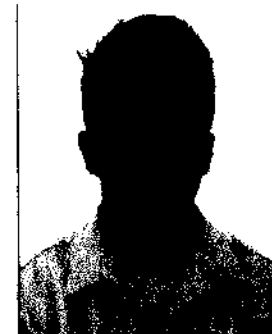
Reference No. 05171018114000324

ULI No. CRM-99-148-1003-061

COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	ROMAR M. CABASIS	Date Issued:	8/27/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II	Date of Assessment:	8/27/17
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 ROLAND L. VIOS Name/s and Signature	Attested by:	 REYNALDO M. ARGELINO, JR. Name and Signature of Assessment Center Manager
Date:	8/27/17	Date:	8/27/17

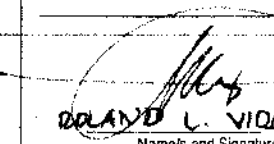
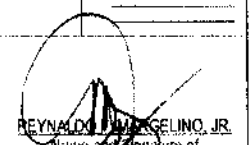
CANDIDATE'S COPY (Please present this form when you claim your NC/COC)



Reference No. 05171018114000323

ULI No. BAT-75-419-1003-061

COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	ARVEY JOY T. BRANZUELA	Date Issued:	8/27/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II	Date of Assessment:	8/27/17
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 ROLAND L. VIOS Name/s and Signature	Attested by:	 REYNALDO M. ARGELINO, JR. Name and Signature of Assessment Center Manager
Date:	8/27/17	Date:	8/27/17

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CBS 171018114000325  
 ULI No. CJN-98-325-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	<u>JHOVAN N. CARBONILLA</u>	Date Issued:	<u>8/27/17</u>
Title of Qualification/ Cluster of Units of Competency:			
Name of Assessment Center:	<u>CAMIGUIN POLYTECHNIC STATE COLLEGE</u>	Date of Assessment:	<u>8/24/17</u>
Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	<u>[Signature]</u> ROLANDO L. VIOS Name/s and Signature	Attested by:	<u>[Signature]</u> REYNALDO F. MARCELINO, JR. Name and Signature of Assessment Center Manager
Date:	<u>8/27/17</u>	Date:	<u>8/27/17</u>

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CBS 171018114000326  
 ULI No. CJN-99-349-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	<u>JHOVAN N. CARBONILLA</u>	Date Issued:	<u>8/27/17</u>
Title of Qualification/ Cluster of Units of Competency:	<u>COMPUTER SYSTEMS SERVICING NC II</u>		
Name of Assessment Center:	<u>CAMIGUIN POLYTECHNIC STATE COLLEGE</u>	Date of Assessment:	<u>8/27/17</u>
Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	<u>[Signature]</u> ROLANDO L. VIOS Name/s and Signature	Attested by:	<u>[Signature]</u> REYNALDO F. MARCELINO, JR. Name and Signature of Assessment Center Manager
Date:	<u>8/27/17</u>	Date:	<u>8/27/17</u>

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS171018114000326

ULI No. GAM-00-097-10013-001



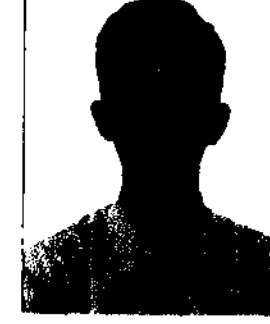
COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:		<u>ALBERT M. GALOLA</u>		Date Issued:		<u>8/27/17</u>	
Title of Qualification/ Cluster of Units of Competency				<u>COMPUTER SYSTEMS SERVICING NC II</u>			
Name of Assessment Center:		<u>CAMIGUIN POLYTECHNIC STATE COLLEGE</u>		Date of Assessment:			
Assessment Results:				<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent			
Recommendation:		<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)		<input type="checkbox"/> For submission of Additional documents. Specify: _____		<input type="checkbox"/> For re-assessment (pls. specify) _____	
Assessed by:		 <u>ROLAND L. VIOS</u> Name/s and Signature		 <u>REYNALDO MANGELINO, JR.</u> Name and Signature of Assessment Center Manager			
Date:		<u>8/27/17</u>		Date:		<u>8/27/17</u>	

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS171019114000327

ULI No. EHM-00-180-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:		<u>HANDREB M. EDESA</u>		Date Issued:		<u>8/27/17</u>	
Title of Qualification/ Cluster of Units of Competency				<u>COMPUTER SYSTEMS SERVICING NC II</u>			
Name of Assessment Center:		<u>CAMIGUIN POLYTECHNIC STATE COLLEGE</u>		Date of Assessment:			
Assessment Results:				<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent			
Recommendation:		<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)		<input type="checkbox"/> For submission of Additional documents. Specify: _____		<input type="checkbox"/> For re-assessment (pls. specify) _____	
Assessed by:		 <u>ROLAND L. VIOS</u> Name/s and Signature		 <u>REYNALDO MANGELINO, JR.</u> Name and Signature of Assessment Center Manager			
Date:		<u>8/27/17</u>		Date:		<u>8/27/17</u>	

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS 171018114000330

ULI No. GHM-00-508-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	HEIDI LOIS M. GARCIA		Date Issued:	8/28/17	
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II				
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE		Date of Assessment:	8/28/17	
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)	<input type="checkbox"/> For submission of Additional documents. Specify:	<input type="checkbox"/> For re-assessment (pls. specify)		
Assessed by:	 ROLAND L. VICOS Name/s and Signature		Attested by:	 REYNALDO P. MARCELINO, JR. Name and Signature of Assessment Center Manager	
Date:	8/28/17		Date:	8/28/17	

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS 171018114000329

ULI No. GAP-99-090-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	ARIEL M. GEOCA		Date Issued:	8/27/17	
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II				
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE		Date of Assessment:		
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)	<input type="checkbox"/> For submission of Additional documents. Specify:	<input type="checkbox"/> For re-assessment (pls. specify)		
Assessed by:	 ROLAND L. VICOS Name/s and Signature		Attested by:	 REYNALDO P. MARCELINO, JR. Name and Signature of Assessment Center Manager	
Date:	8/27/17		Date:	8/27/17	

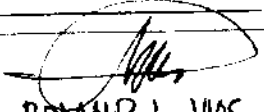

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CSS 171018114000332

ULI No. LKA-00-178-07012-001



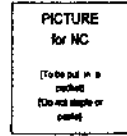
COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	KINT DAYES A. LADESMA		Date issued:	8/28/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II			
Name of Assessment Center:	CAMGUIN POLYTECHNIC STATE COLLEGE	Date of Assessment:	8/28/17	
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent	
Recommendation:	<input type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)	<input type="checkbox"/> For submission of Additional documents. Specify:	<input type="checkbox"/> For re-assessment (pls. specify)	
Assessed by:	 ROLAND L. VIOS Name/s and Signature	Attested by:	 REYNALDO F. MARCELINO, JR. Name and Signature of Assessment Center Manager	
Date:	8/28/17	Date:	8/28/17	

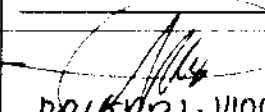

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CSS 171018114000331

ULI No. BL-99-643-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	BLAISY INOCENCIO		Date issued:	8/28/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II			
Name of Assessment Center:	CAMGUIN POLYTECHNIC STATE COLLEGE	Date of Assessment:	8/28/17	
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent	
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)	<input type="checkbox"/> For submission of Additional documents. Specify:	<input type="checkbox"/> For re-assessment (pls. specify)	
Assessed by:	 ROLAND L. VIOS Name/s and Signature	Attested by:	 REYNALDO F. MARCELINO, JR. Name and Signature of Assessment Center Manager	
Date:	8/28/17	Date:	8/28/17	

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS 171018114000334

ULI No. MAC-98-094-09073-601



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	ARNEL CASING MALIN		Date Issued:	8/28/17	
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II				
Name of Assessment Center:	CANGUIN POLYTECHNIC STATE COLLEGE		Date of Assessment:	8/28/17	
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)		<input type="checkbox"/> For submission of Additional documents. Specify:		<input type="checkbox"/> For re-assessment (pls. specify)
Assessed by:	 ROLAND L. VIDOS Name/s and Signature		Attested by:  REYNALDO M. MARCELINO, JR. Name and Signature of Assessment Center Manager		
Date:	8/28/17		Date:		

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS 171018114000333

ULI No. LKA-99-172-07012-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

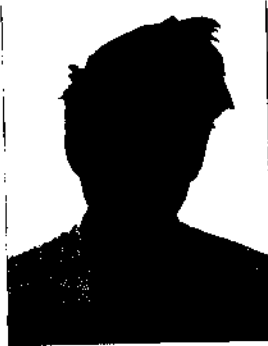
Name of Candidate:	KINN JOSE A LADESMA		Date Issued:	8/28/17	
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II				
Name of Assessment Center:	CANGUIN POLYTECHNIC STATE COLLEGE		Date of Assessment:	8/28/17	
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)		<input type="checkbox"/> For submission of Additional documents. Specify:		<input type="checkbox"/> For re-assessment (pls. specify)
Assessed by:	 ROLAND L. VIDOS Name/s and Signature		Attested by:  REYNALDO M. MARCELINO, JR. Name and Signature of Assessment Center Manager		
Date:	8/28/17		Date:		



CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. 05171018114000336

ULI No. MRC-00-257-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	REGIME C. MAMUGAY	Date Issued:	8/28/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II		
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Date of Assessment:	8/28/17
Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 ROLAND L. VIOS Name/s and Signature		
Date:	8/28/17	Attested by:	 REYNALDO F. MARGELINO, JR. Name and Signature of Assessment Center Manager
		Date:	8/28/17

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. 05171018114000335

ULI No. MNC-99-888-09073-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	NELNA C. MALIN	Date Issued:	8/28/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II		
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Date of Assessment:	8/28/17
Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 ROLAND L. VIOS Name/s and Signature		
Date:	8/28/17	Attested by:	 REYNALDO F. MARGELINO, JR. Name and Signature of Assessment Center Manager
		Date:	8/28/17

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS17101811400338  
 ULI No. SIV-98-165-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	IAN REY V. SIMBO	Date Issued:	8/28/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II	Date of Assessment:	8/28/17
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 ROLAND L. VIOS Name/s and Signature	Attested by:	 REYNALDO MANGELINO, JR. Name and Signature of Assessment Center Manager
Date:	8/28/17	Date:	8/28/17

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CS17101811400338  
 ULI No. QIS-99-216-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

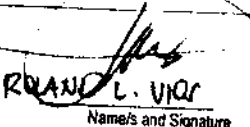
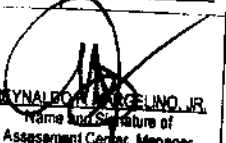
Name of Candidate:	JESTER DAVE S. QUIMOT	Date Issued:	8/28/17
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II	Date of Assessment:	8/28/17
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE	Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 ROLAND L. VIOS Name/s and Signature	Attested by:	 REYNALDO MANGELINO, JR. Name and Signature of Assessment Center Manager
Date:	8/28/17	Date:	8/28/17

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CSS171018114000340  
 ULI No. VIS-99-589-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

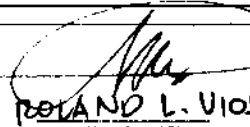
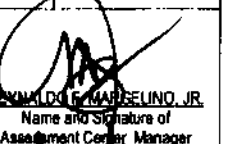
Name of Candidate:	<u>IVY J VILLASENCIO</u>	Date Issued:	<u>8/29/17</u>
Title of Qualification/ Cluster of Units of Competency	<u>COMPUTER SYSTEMS SERVICING NC II</u>		
Name of Assessment Center:	<u>CAMIGUIN POLYTECHNIC STATE COLLEGE</u>	Date of Assessment:	<u>8/29/17</u>
Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 <u>ROLAND L. VIOS</u> Name and Signature	Assessed by:	 <u>REYNALDO MARCELINO, JR.</u> Name and Signature of Assessment Center Manager
Date:	<u>8/29/17</u>	Date:	<u>8/29/17</u>

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CSS171018114000339  
 ULI No. TRMR-99-265-10013-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	<u>MILKY JOHN R. TAGALICOD</u>	Date Issued:	<u>8/28/17</u>
Title of Qualification/ Cluster of Units of Competency	<u>COMPUTER SYSTEMS SERVICING NC II</u>		
Name of Assessment Center:	<u>CAMIGUIN POLYTECHNIC STATE COLLEGE</u>	Date of Assessment:	<u>8/28/17</u>
Assessment Results:	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent		
Recommendation:	<input checked="" type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met) <input type="checkbox"/> For submission of Additional documents. Specify: _____ <input type="checkbox"/> For re-assessment (pls. specify) _____		
Assessed by:	 <u>ROLAND L. VIOS</u> Name and Signature	Assessed by:	 <u>REYNALDO MARCELINO, JR.</u> Name and Signature of Assessment Center Manager
Date:	<u>8/28/17</u>	Date:	<u>8/28/17</u>

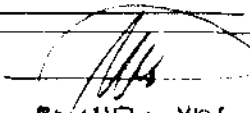

CANDIDATE'S COPY (Please present this form when you claim your NC/COC)

Reference No. CSC 171018114000320

ULI No. AGB-00-287-1003-001



COMPETENCY ASSESSMENT RESULTS SUMMARY

Name of Candidate:	GENNI B. ATADERO		Date Issued:	08/27/17	
Title of Qualification/ Cluster of Units of Competency	COMPUTER SYSTEMS SERVICING NC II				
Name of Assessment Center:	CAMIGUIN POLYTECHNIC STATE COLLEGE		Date of Assessment:		
Assessment Results:	<input checked="" type="checkbox"/> Competent		<input type="checkbox"/> Not Yet Competent		
Recommendation:	<input type="checkbox"/> For issuance of NC/COC (Indicate title/s of COC, if Full Qualification is not met)		<input type="checkbox"/> For submission of Additional documents. Specify:		<input type="checkbox"/> For re-assessment (pts. specify)
Assessed by:	 ROLAND L. VIOS Name/s and Signature		Attested by:	 REYNALDO E. MARGELINO, JR. Name and Signature of Assessment Center Manager	
Date:	8/27/17		Date:	8/27/17	