



Department of Science and Technology  
**PHILIPPINE TEXTILE RESEARCH INSTITUTE**  
 Technology Transfer and Promotion Staff

### INFORMATION SHEET

Name*					Age:		Tel. No:	
Address*								
	Street	Municipality	Province	Region				
Purpose of Training*								
<i>Please check (/)</i>								
<input type="checkbox"/>	Student	Name of School						
		Address						
		Telephone No						
		Course						
<input type="checkbox"/>	Employee	Name of Company						
		Address						
		Telephone No.						
		Position						
		Product Line						
<input type="checkbox"/>	Other/s (Please specify)	Name of Organization						
		Address						
		Telephone No.						
		Position						
		Product Line						
Training Applied for*								
<i>For OJT, School Authority or In-Charge to be Contacted</i>								
Name					Position			

\* Required Fields