

CIVIL SERVICE COMMISSION
REGION 10



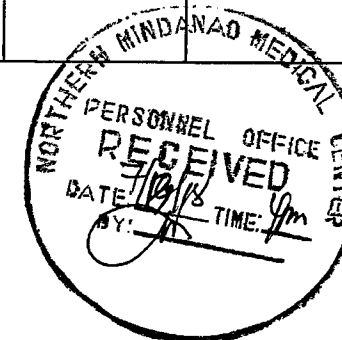
BULLETIN OF VACANT POSITIONS IN GOVERNMENT
published as of 22 June 2018
(Republic Act No. 7041)

Deadline : Aug. 10, 2018

FO: MISAMIS ORIENTAL

DATE POSTED	NAME OF AGENCY / LGU & ADDRESS	TITLE OF VACANT POSITION	ITEM NO.	SALARY GRADE	SALARY	EDUCATION	EXPERIENCE	TRAINING	ELIGIBILITY	COMPENTENCY (if Applicable)	PLACE OF ASSIGNMENT
	Northern Mindanao Medical Center	Nurse VI	Nurse VI-OSEC-DOHB-NURS6-660031-2017	22	56717	Bachelor's Degree in Nursing with at least 9 units in Management course at the graduate level	3 years experience in general nursing service administration	16 hours. relevant training	RA 1080		Professional Education & Training
	Northern Mindanao Medical Center	Nurse V (2)	OSEC-DOHB-NURS5-660082-83-2017	20	47037	Bachelor's Degree in Nursing	2 years of relevant experience	8 hours relevant training	RA 1080		Nursing Service
	Northern Mindanao Medical Center	Administrative Officer IV	OSEC-DOHB-ADO4-660028-2014	15	29010	Bachelor's degree	16 hrs. of rel. training	3 years of rel. experience	CS Prof 2nd Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Chemist II	OSEC-DOHB-CMT2-660001-1998	15	29010	Bachelor's Degree in Chemistry	1 year of relevant experience	4 hours. relevant training	RA 1080		Pathology Department

posted 7/16/18 samson





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	Northern Mindanao Medical Center	Medical Technologist II	OSEC-DOHB-MDTK2-660070-2013	15	29010	Bachelor's Degree in Medical Technology or Bachelor of Science in Public Health	2 years of relevant experience	8 hours relevant training	RA 1080		Pathology Department
	Northern Mindanao Medical Center	Radiologic Technologist II (2)	OSEC-DOHB-RT2-660081-2016; OSEC-DOHB-66102-20015	15	29010	Bachelor's Degree in Radiologic Technology	None	None	RA 1080		Radiology Department
	Northern Mindanao Medical Center	Administrative Officer II (2)	OSEC-DOHB-ADOF2-660099-2015 OSEC-DOHB-ADOF2-660059-2014	11	26494	Bachelor's Degree	None Required	None Required	Career Service (Professional) ; Second Level Eligibility		

Unit/Floor/Room No		Building		Lot No		Block No		Phase No	
House No		Street		Subdivision		Barangay			
ZONE 12						POBLACION			
Municipality/City				Province		Zip Code			
TAGOLOAN				MISAMIS ORIENTAL		9001			
PREFERRED MAILING ADDRESS		<input checked="" type="checkbox"/> Present Home Address		<input type="checkbox"/> Permanent Home Address		<input type="checkbox"/> Employer/Business Address			
EMPLOYMENT/BUSINESS DETAILS									
EMPLOYER/BUSINESS NAME						EMPLOYMENT STATUS			
NORTHERN MINDANAO MEDICAL CENTER						<input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual			
EMPLOYER/BUSINESS ADDRESS						<input type="checkbox"/> Casual <input type="checkbox"/> Project-based			
						<input type="checkbox"/> Part-time/Temporary			
Unit/Floor/Room No		Building		DATE STARTED					
				FEBRUARY 1997					
Lot No		Block No		Phase No		House No		Street	
								CAPITOL COMPOUND	
Subdivision		Barangay		MONTHLY INCOME					
				Basic		9,459.00			
				Allowances/Others		0.00			
				Gross		9,459.00			
Municipality/City		Province/State (if abroad)		OCCUPATION					
CAGAYAN DE ORO CITY		MISAMIS ORIENTAL		HEALTHCARE SUPPORT WORKERS, ALL OTHER					
Country (if abroad)		ZIP Code		TYPE OF WORK (For OFWs only)					
PHILIPPINES		9000		<input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based					
MANNING AGENCY (To be accomplished by the seafarers only)						ASSIGNED COUNTRY (Land-based only)			
PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP									
EMPLOYER/BUSINESS NAME						FROM		TO	
EMPLOYER/BUSINESS ADDRESS									
EMPLOYER/BUSINESS NAME						FROM		TO	
EMPLOYER/BUSINESS ADDRESS									
HEIRS (In case of death, Fund benefits shall be divided among the member's legal heirs in accordance with the New Civil Code as amended by the New Family Code)									
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH			
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF MEMBERDATE

DISCLAIMER: Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

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	Northern Mindanao Medical Center	Medical Technologist I (2)	OSEC-DOHB MDTK1-660070-71-2016	11	20179	Bachelor's Degree in Medical Technology or Bachelor of Science in Public Health	None Required	None Required	RA 1080		Paathology Department
	Northern Mindanao Medical Center	Respiratory Therapist I	OSEC-DOHB RSTH1-660026-2016	10	18718	Bachelor's Degree in Respiratory Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department
	Northern Mindanao Medical Center	Respiratory Therapist I	OSEC-DOHB RSTH1-660027-2016	10	18718	Bachelor's Degree in Respiratory Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department
	Northern Mindanao Medical Center	Respiratory Therapist I	OSEC-DOHB RSTH1-660068-2016	10	18718	Bachelor's Degree in Respiratory Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department
	Northern Mindanao Medical Center	Respiratory Therapist I	OSEC-DOHB RSTH1-660067-2015	10	18718	Bachelor's Degree in Respiratory Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department



MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY

Pag-IBIG MID No

Registration Tracking No

914185764294

INSTRUCTIONS

- 1 The Member's Data Form (MDF) shall be accomplished in two(2) copies.
- 2 Type or print all entries in BLOCK or CAPITAL LETTERS.
- 3 The 'NAME EXTENSION' shall refer to JR., II, III and the like.
- 4 Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- 5 Accomplish only the 'PERMANENT HOME ADDRESS' if it is different with the 'PRESENT HOME ADDRESS'.
- 6 On the 'BENEFICIARIES' portion, the provision on the Intestate Succession, as Provided in the New Family Code shall be observed.
a. SINGLE - Mother, Father, Brother and/or Sister. b. MARRIED - Spouse, Son, Daughter, Mother and Father.
- 7 Submit MDF in two (2) copies and present at least one (1) valid primary ID.
- 8 For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF110] and submit to the concerned HDMF Branch.

MEMBERSHIP CATEGORY <input type="checkbox"/> EMPLOYED PRIVATE <input checked="" type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> INDIVIDUAL-PAYOR <input type="checkbox"/> NOT YET EMPLOYED					
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER	DADO	EDGAR		EMAN	<input type="checkbox"/>
FATHER	DADO	AGAPITO		YAMBA	<input type="checkbox"/>
MOTHER (Maiden Name)	EMAN	ROSALINDA		BUENO	<input type="checkbox"/>
SPOUSE (if Married)	ADAME	RITZY		CAILING	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DADO	EDGAR		EMAN	<input type="checkbox"/>
DATE OF BIRTH OCTOBER 3, 1967		MARITAL STATUS MARRIED		TAXPAYERS IDENTIFICATION NO. 186-229-683	
PLACE OF BIRTH OZAMIS CITY, MISAMIS OCCIDENTAL		CITIZENSHIP FILIPINO		SSS NUMBER	
SEX MALE		PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER	
COMMON REFERENCE NUMBER (CRN) (if Available)				EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DECS Employee, Division Code-Station Code	
PRESENT HOME ADDRESS					
Unit/Floor/Room No		Building		(Indicate country code if abroad)	
Lot No	Block No	Phase No	House No	COUNTRY + AREA CODE, TELEPHONE NUMBER	
			Street	Home	
			ZONE 12	Cell Phone	
Subdivision		Barangay		+63 0916 1903287	
		POBLACION		Business (Direct Line)	
Municipality/City		Province/State (if abroad)		Business (Trunk Line)	
TAGOLOAN		MISAMIS ORIENTAL		Email Address	
Country (if abroad)		ZIP Code		edgandado@yahoo.com	
PHILIPPINES		9001			

PERMANENT HOME ADDRESS

CIVIL SERVICE COMMISSION
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	Northern Mindanao Medical Center	Respiratory Therapist I	OSEC-DOHB-RSTH1-660066-2015	10	18718	Bachelor's Degree in Respiratory Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department
	Northern Mindanao Medical Center	Respiratory Therapist I	OSEC-DOHB-RSTH1-660066-2014	10	18718	Bachelor's Degree in Respiratory Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department
	Northern Mindanao Medical Center	Occupational Therapist I	OSEC-DOHB-OT1-660001-1998	11	20179	Bachelor's Degree in Occupational Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department
	Northern Mindanao Medical Center	Occupational Therapist I	OSEC-DOHB-OT1-660083-2015	11	20179	Bachelor's Degree in Occupational Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department
	Northern Mindanao Medical Center	Occupational Therapist I	OSEC-DOHB-OT1-660084-2015	11	20179	Bachelor's Degree in Occupational Therapy	None Required	None Required	RA 1080		Rehabilitation Medicine Department



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Pag-IBIG MID No.

Registration Tracking No.

914185764294

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a. SINGLE - Mother, Father, Brother and/or Sister.
b. MARRIED - Spouse, Son, Daughter, Mother and Father.
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- 8 For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF-110] and submit to the concerned HDMF Branch.

MEMBERSHIP CATEGORY					
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED		<input type="checkbox"/> NOT YET EMPLOYED	
<input checked="" type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD			
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> INDIVIDUAL PAYOR			
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER	DADO	EDGAR		EMAN	<input type="checkbox"/>
FATHER	DADO	AGAPITO		YAMBA	<input type="checkbox"/>
MOTHER (Maiden Name)	EMAN	ROSALINDA		BUENO	<input type="checkbox"/>
SPOUSE (If Married)	ADAME	RITZY		CAILING	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DADO	EDGAR		EMAN	<input type="checkbox"/>
DATE OF BIRTH OCTOBER 3, 1967		MARITAL STATUS MARRIED		TAXPAYERS IDENTIFICATION NO. 186 229 683	
PLACE OF BIRTH OZAMIS CITY, MISAMIS OCCIDENTAL		CITIZENSHIP FILIPINO		SSS NUMBER	
SEX MALE		PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER	
COMMON REFERENCE NUMBER (CRN) (If Available)				EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DECS Employee, Division Code-Station Code	
PRESENT HOME ADDRESS					
Unit/Floor/Room No.			Building		
Lot No.			House No.		
Block No.			Street		
Phase No.			ZONE 12		
Subdivision			Barangay		
			POBLACION		
Municipality/City			Province/State (If abroad)		
TAGOLOAN			MISAMIS ORIENTAL		
Country (If abroad)			ZIP Code		
PHILIPPINES			9001		
CONTACT DETAILS					
(Indicate country code if abroad)					
COUNTRY + AREA CODE TELEPHONE NUMBER					
Home					
Cell Phone					
+63 0916 1903287					
Business (Direct Line)					
Business (Trunk Line)					
Email Address					
edgandado@yahoo.com					

PERMANENT HOME ADDRESS

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	Northern Mindanao Medical Center	Administrative Assistant III	OSEC-DOHB-ADAS3-660015-2016	9	17473	Completion of two years in College	1 year of relevant experience	4 hours relevant training	Career Service (Subprofessional); First Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Administrative Assistant III	OSEC-DOHB-ADAS3-660063-2015	9	17473	Completion of two years in College	1 year of relevant experience	4 hours relevant training	Career Service (Subprofessional); First Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Administrative Assistant III	OSEC-DOHB-ADAS3-660064-2015	9	17473	Completion of two years in College	1 year of relevant experience	4 hours relevant training	Career Service (Subprofessional); First Level Eligibility		HOPSS

CSC FORM NO. 211 (1997)
MEDICAL CERTIFICATE
For Employment

PHILIPPINE CIVIL SERVICE

INSTRUCTIONS

1. This medical certificate should be accomplished by a government Physician.
2. Attached this certificate to original appointments and recommendations

FOR THE PROPOSED APPOINTEE

NAME (Last, First, Middle or if married woman, Maiden Name)			AGENCY
TENECIO, BEULAH GRACE AGOT			NORTHERN MINDANAO MEDICAL CENTER
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
32	FEMALE	MARRIED	MEDICAL OFFICER III


Pre-Employment Medical-Physician

1. Blood Tests
2. Urinalysis
3. Chest X - Ray
4. Drug Test
5. Neuro Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM

FOR THE PHYSICIAN

I hereby certify that I personally examined the above named individual and found her/him to be physically medically fit/unfit for employment

SIGNATURE OF PHYSICIAN	CERTIFICATE	OTHER INFORMATION ABOUT THE
	NUMBER	APPOINTEE
ARIANNE D. PALOMAR, MD FAMILY MEDICINE Lic No. 0129915	0129915	
OFFICIAL DESIGNATION	HEIGHT	WEIGHT
MD III	(Bare foot)	(Striped)
AGENCY	DATE EXAMINED	
NMMC - DFCM	6-13-16	

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	Northern Mindanao Medical Center	Administrative Assistant II (5)	OSEC-DOHB-8 ADAS2-660043-2014, OSEC-DOHB-ADAS2-660049-2015, OSEC-DOHB-ADAS2-660242-44-2016	8	16282	Completion of two years in College	1 year of relevant experience	4 hours relevant training	Career Service (Subprofessional); First Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Administrative Assistant II (RE-PUBLICATION-Daguio)	OSEC-DOHB-8 ADAS3-660170-2017	8	16282	Completion of two years in College	1 year of relevant experience	4 hours relevant training	Career Service (Subprofessional); First Level Eligibility		HOPSS

CSC FORM NO. 211 (1997)
MEDICAL CERTIFICATE
For Employment

PHILIPPINES CIVIL SERVICE

INSTRUCTIONS

1. This medical certificate should be accomplished by a government Physician.
2. Attached this certificate to original appointments and rein statements.

FOR THE PROPOSED APPOINTEE

NAME (Last, First, Middle or if married woman, Maiden Name)			AGENCY
Madronero Antonio Dalangin			NMMC
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
37	M	M	COOK II

Pre-Employment Medical-Physician

1. Blood Tests
2. Urinalysis
3. Chest X - Ray
4. Drug Test
5. Neuro Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM

FOR THE PHYSICIAN

I hereby certify that I personally examined the above-named individual and found her/him to be physically medically fit/unfit for employment.

SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE APPOINTEE
LEON C. BORRERO, JR., M.D. Family and Community Medicine Lic. No. 0132186	0132186	
OFFICIAL DESIGNATION	HEIGHT (Bare foot)	WEIGHT (Stripped)
Medical Officer III		
AGENCY	DATE EXAMINED	
NMMC	11/23/2016	

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	Northern Mindanao Medical Center	Medical Equipment Technician II	OSEC-DOHB MEQT2-660008-2013	8	16282	Completion of relevant two years studies in college or completion of relevant medical laboratory technician course	1 year of relevant experience	4 hours of relevant training	Medical Equipment Technician (MC 11, s. 96-Cat II)		Bio-Medical
	Northern Mindanao Medical Center	Medical Equipment Technician II	OSEC-DOHB MEQT2-660224-2016	8	16282	Completion of relevant two years studies in college or completion of relevant medical laboratory technician course	1 year of relevant experience	4 hours of relevant training	Medical Equipment Technician (MC 11, s. 96-Cat II)		Bio-Medical
	Northern Mindanao Medical Center	Medical Equipment Technician II	OSEC-DOHB MEQT2-660227-2016	8	16282	Completion of relevant two years studies in college or completion of relevant medical laboratory technician course	1 year of relevant experience	4 hours of relevant training	Medical Equipment Technician (MC 11, s. 96-Cat II)		Bio-Medical
	Northern Mindanao Medical Center	Social Welfare Assistant	OSEC-DOHB SOCWAS-660219-2016	8	16282	Completion of relevant two years studies in college or completion of relevant medical laboratory technician course	1 year of relevant experience	4 hours relevant training	MC CS Sub-Prof First Level Eligibility		Medical Social Service

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MEDICAL CERTIFICATE
For Employment

PHILIPPINES CIVIL SERVICE

INSTRUCTIONS

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2. Attached this certificate to original appointments and recommendations

FOR THE PROPOSED APPOINTEE

NAME (Last, First, Middle or if married woman, Maiden Name)			AGENCY
AGOT, BEULAH GRACE BARBOSA			NORTHERN MINDANAO MEDICAL CENTER
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31	FEMALE	SINGLE	MEDICAL OFFICER III

Pre-Employment Medical-Physical

1. Blood Tests
2. Urinalysis
3. Chest X Ray
4. Drug Test
5. Neuro Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM

FOR THE PHYSICIAN

I hereby certify that I personally examined the above named individual and found her/him to be physically medically fit/unfit for employment.

SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE APPOINTEE	
JESSICA M. CAGADAS, M.D.	0119405	HEIGHT	WEIGHT
OFFICIAL DESIGNATION		(Base foot)	(Shooped)
MO III			
AGENCY	DATE EXAMINED		
NMMC - DFEM	07/01/15		

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	Northern Mindanao Medical Center	Administrative Assistant I	OSEC-DOHB-7 ADAS1-660028-2014	7	15254	Completion of two years in College	None Required	None Required	Career Service (Subprofessional); First Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Administrative Assistant I	OSEC-DOHB-7 ADAS1-660022-2013	7	15254	Completion of two years in College	None Required	None Required	Career Service (Subprofessional); First Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Administrative Assistant I	OSEC-DOHB-7 ADAS1-660023-2013	7	15254	Completion of two years in College	None Required	None Required	Career Service (Subprofessional); First Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Administrative Assistant I	OSEC-DOHB-7 ADAS1-660029-2014	7	15254	Completion of two years in College	None Required	None Required	Career Service (Subprofessional); First Level Eligibility		HOPSS
	Northern Mindanao Medical Center	Administrative Aide VI - (MECHANIC II)-REPUBLICAN	OSEC-DOHB-6 ADA6-660028-2004	6	14340	High School graduate or Completion relevant vocational/trade course	None Required	None Required	Mechanic (MC 11, s. 96 Cat.I)		HOPSS



BOARD OF MEDICINE

EX 100

06774177

DATE OF RELEASE

AUG. 27. 2013

SIMENE. RUTHELL APIAG
ZONE-1. POBLACION
CLAVERIA. MISAMIS ORIENTAL

SIR/MADAM

(COMPLETE)

THE RESULTS YOU OBTAINED IN THE PHYSICIANS
THE BOARD ON MANILA, CEBU & DAVAO

AUGUST 10, 2013
AND FF. DAYS

LICENSURE EXAMINATION (GENERAL)

ARE AS FOLLOWS

SUBJECTS

RATINGS

1	BIOCHEMISTRY	80
2	ANATOMY AND HISTOLOGY	79
3	MICROBIOLOGY	85
4	PHYSIOLOGY	90
5	LEGAL MEDICINE ETHICS AND MEDICAL JURISPRUDENCE	84
6	PATHOLOGY	80
7	PHARMACOLOGY AND THERAPEUTICS	84
8	SURGERY AND OPHTHALMOLOGY, OTOLARYNGOLOGY AND RHINOLOGY	77
9	MEDICINE	84
10	OBSTETRICS AND GYNECOLOGY	72
11	PEDIATRICS AND NUTRITION	79
12	PREVENTIVE MEDICINE AND PUBLIC HEALTH	78

GENERAL AVERAGE RATING

81.00

REMARKS

PASSED

IMPORTANT

FOR THE EXAMINATION, AN EXAMINEE MUST OBTAIN A GENERAL AVERAGE RATING OF SEVENTY-FIVE PERCENT (75%) OR HIGHER. THE EXAMINEE MUST ALSO OBTAIN A RATING OF SEVENTY-FIVE PERCENT (75%) IN ANY SUBJECT. PROVIDED THAT AN EXAMINEE WHO FAILS FOR THE THIRD TIME IN ANY SUBJECT, THE FINAL EXAMINATIONS WILL BE REQUIRED TO TAKE A RE-ENTRY COURSE PRESCRIBED BY THE BOARD OF MEDICINE. EXAMINEES WHO FAIL IN A RECOGNIZED MEDICAL SCHOOL OR COLLEGE BEFORE THEY COULD BE ALLOWED TO TAKE THE EXAMINATION, THEIR RATINGS IN PARALLEL SUBJECTS PASSED IN A PRELIMINARY EXAMINATION

VERY TRULY YOURS
FOR CHAIRMAN

TERESITA R. MANZALA

EDGARDO M. FERNANDO

CHAIRMAN, BOARD OF MEDICINE

12-025/311

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FO: **MISAMIS ORIENTAL**

DATE POSTED	NAME OF AGENCY / LGU & ADDRESS	TITLE OF VACANT POSITION	ITEM NO.	SALARY GRADE	SALARY	EDUCATION	EXPERIENCE	TRAINING	ELIGIBILITY	COMPENTENCY (if Applicable)	PLACE OF ASSIGNMENT
	Northern Mindanao Medical Center	Medical Equipment Technician I	OSEC-DOHB-6 MEQT2-660010-2013	6	14340	Completion of relevant two years studies in college or completion of relevant medical laboratory technician course	None Required	None Required	Medical Equip't Technician (MC 11, s. 96-Cat II)		Bio-Medical
	Northern Mindanao Medical Center	Medical Equipment Technician I	OSEC-DOHB-6 MEQT2-660194-2016	6	14340	Completion of relevant two years studies in college or completion of relevant medical laboratory technician course	None Required	None Required	Medical Equip't Technician (MC 11, s. 96-Cat II)		Bio-Medical

TOTAL OVERALL RATING	51 5	55	51 5	52 7	
FINAL AVERAGE RATING	4 7	5	4.7	4 8	
ADJECTIVAL RATING	VS	O	VS	VS	

COMMENTS AND RECOMMENDATION FOR DEVELOPMENT PURPOSES							
<p><i>Good job! I commend your dedication to develop a full-time AAET/MC of the TB-DOT Clinic. Keep it up</i></p>							
Discussed with:		Assessed by:		Reviewed by:		Final Rating by:	
		I certify that I discussed my assessment of the performance with the employee.					
Employee	Date	Supervisor	Date	Next Higher Supervisor	Date	Medical Center Chief	Date
LESLIE M. SALON, MD	12	JOSEPH CHRYSLER BEJA		RAMON F. MORENO, MD		JOSE C. CHAN, MD	

Legend: 1-Quantity 2-Quality 3-Timeliness 4-Average



BULLETIN OF VACANT POSITIONS IN GOVERNMENT
published as of 22 June 2018
(Republic Act No. 7041)

FO: **MISAMIS ORIENTAL**

DATE POSTED	NAME OF AGENCY / LGU & ADDRESS	TITLE OF VACANT POSITION	ITEM NO.	SALARY GRADE	SALARY	EDUCATION	EXPERIENCE	TRAINING	ELIGIBILITY	COMPETENCY (If Applicable)	PLACE OF ASSIGNMENT
	Northern Mindanao Medical Center	Nursing Attendant II	OSEC-DOHB-NATT2-06011-2073	6	14340	Elementary School Graduate	None Required	None Required	None required (MC, 11 s. 1496 - 2012 - Gov. Ti - m)		Nursing Service

CERTIFICATION

This is to certify that the above listed positions with its corresponding item number, salary grade and classification standards were published on the date indicated above pursuant to the provisions of RA 7041 and its implementing rules in the Bulletin of Vacant Positions in Government of the Civil Service Commission Regional Office No. 10, Cagayan de Oro City.

Prepared by:

Eva A. Agbon
EVA A. AGBON
Senior HRS

Approved:

Cosette Maglasang-Mundo
Cosette Maglasang-Mundo
Director II

CSC FORM NO. 211 (1997)
MEDICAL CERTIFICATE
For Employment

PHILIPPINES CIVIL SERVICE

INSTRUCTIONS

1. This medical certificate should be accomplished by a government Physician.
2. Attached this certificate to original appointments and recommendations

FOR THE PROPOSED APPOINTEE

NAME (Last, First, Middle or if married woman, Maiden Name) | AGENCY

MAGSAYO-SARON, Leslie Christine Bugas | NMMC

AGE | SEX | CIVIL STATUS | PROPOSED POSITION

34 | F | Married | MON

Pre-Employment Medical-Physician

1. Blood Tests
2. Urinalysis
3. Chest X-Ray
4. Drug Test
5. Neuro Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM

FOR THE PHYSICIAN

I hereby certify that I personally examined the above named individual and found her/him to be physically medically fit/unfit for employment.

SIGNATURE OF PHYSICIAN | CERTIFICATE

Elisa L. Jordeleza, MD
FAMILY MEDICINE
Lic No. 0109583

NUMBER

OTHER INFORMATION ABOUT THE APPOINTEE

OFFICIAL DESIGNATION

MON

HEIGHT
5'3
(Bare foot)

WEIGHT
60 kg
(Stripped)

AGENCY

DOH - NMMC

DATE EXAMINED

04/26/16