



Republika ng Pilipinas
Pambansang Pangasiwaan ng Patubig
(NATIONAL IRRIGATION ADMINISTRATION)
Lungsod ng Quezon

OFFICE ADDRESS: NATIONAL GOVERNMENT CENTER
E. DE LOS SANTOS AVENUE
QUEZON CITY PHILIPPINES

TELEPHONE NOS.: 97-60-71 to 78
CABLE NIAPHIL
TELEX 42802 NIA PM

OUR REFERENCE:

MC # 34 S. 1997

MEMORANDUM CIRCULAR

T O : THE DEPUTY ADMINISTRATOR: ASSISTANT ADMINISTRATORS:
HEADS OF DEPARTMENTS AND STAFFS: REGIONAL IRRIGATION
MANAGERS; OPERATION MANAGERS: AND ALL OTHERS
CONCERNED
National Irrigation Administration

Pursuant to Circular No. 6 of the Armed Forces of the Philippines (Affiliated Reserve Units Program) dated 03 June 1995, the National Irrigation Administration is affiliating with the AFP Reserve Command to give its officials and personnel on VOLUNTARY BASIS reservists training as mandated by Republic Act 7077.

Officials and employees of Central Office, Region 3 and Region 4 who are interested may secure application forms from Mr. Rafael F. Sahagun, Jr., at the EDP Section, CORPLAN.

Accomplished forms should be submitted to Mr. Rafael F. Sahagun, Jr. at the EDP Section, CORPLAN not later than 30 September 1997.

All are encourage to join.

ORLANDO V. SORIANO
Administrator

11 September 1997

HEADQUARTERS
AFFILIATED RESERVE GROUP
ARMED FORCES OF THE PHILIPPINES RESERVE COMMAND
Log Com Compound, Camp Aguinaldo, Q.C.

RESERVIST INFORMATION SHEET

Name: _____
(Surname) (First Name) (M.I) (Rank) (SN Br of Svc)

Home Address: _____ Region: _____

Tel Nr: _____ Date of Birth: _____ Age Last Birthday: _____

Place of Birth: _____ Educ. Attainment: _____

Profession/Occupation: _____ Business: _____

Office Address: _____ Tel Nr: _____

Civilian Schools Attended: Name of School Crse Year Graduated

High School: _____

College: _____

Master/Others: _____

Technical Qualifications/Skills: _____

Source of Commission/Enlistment in the Reserve Force: _____

Date of Commission/Enlistment: _____ Authority: _____

Promotions/Rank Readjustment (Effective Dates & Authority: _____

Mobilization Center Assignment: _____

Inclusive Periods of Mil Trng/AADT/WADT & Authority: _____

Awards/Commendations (Type of Award/Authority): _____

Height: _____ Weight: _____ Blood Type: _____

Civil Status: _____ Religion: _____ Sports: _____

Name of Spouse: _____

Profession/Occupation: _____ Business: _____

Office Address: _____ Tel Nr: _____

Names & Dates of Birth Children: _____

Person to be Notified in Case of Emergency: _____

Address: _____ Tel Nr: _____

2 X 2
PICTURE

(Signature)

MONTEREY '97

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2 X 2
PICTURE

(Signature)

MONTEREY '9?