

**TRAINING AND DOCTRINE COMMAND, PHILIPPINE ARMY**

Camp O'Donnell, Capas, Tarlac

**STUDENT REGISTRATION FORM**



1. \_\_\_\_\_  
(Rank) (First Name) (MI) (Last Name) (AFPSN) (MOS) (BOS)
2. Course to be attended: \_\_\_\_\_
3. Designation : \_\_\_\_\_ 4. Unit & Address: \_\_\_\_\_
5. Home Address: \_\_\_\_\_
6. Region: \_\_\_\_\_ 7. Ethnic Group: \_\_\_\_\_
8. Social Media Accounts: \_\_\_\_\_ 9. Gender: Male \_\_\_ Female \_\_\_
10. Blood Type: \_\_\_\_\_ 11. Date of Birth: \_\_\_\_\_ 12. Religion: \_\_\_\_\_  
(dd/mm/yyyy)
13. Civil Status: \_\_\_\_\_ 14. Mobile Nr: \_\_\_\_\_ 15. E-mail Add: \_\_\_\_\_
16. Highest Educational Attainment: \_\_\_\_\_ Course: \_\_\_\_\_  
(Note: Indicate year if undergrad)
17. Physical Profile: \_\_\_\_\_ 18. If P-3 (authority): \_\_\_\_\_
19. Food allergies: Pork \_\_\_ Beef \_\_\_ Shrimp \_\_\_  
Chicken \_\_\_ Others \_\_\_\_\_
20. Person to be notified in case of emergency:  
Relationship: \_\_\_\_\_ Contact Nr: \_\_\_\_\_  
Address: \_\_\_\_\_
21. Computer literate: Yes \_\_\_ No \_\_\_

22. With Vehicle: Yes \_\_\_\_ No \_\_\_\_

23. Type of Vehicle: Make: \_\_\_\_\_ Color: \_\_\_\_\_ Plate Nr: \_\_\_\_\_

I HEREBY CERTIFY that the above information are true and correct and I am aware that my false or withheld information contained herein shall subject to disciplinary action under the provision of the AW.

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(SIGNATURE)