

**RESEARCH INSTITUTE FOR TROPICAL MEDICINE**Filinvest Corporate City Compound  
Alabang, Muntinlupa City**CLINICAL RESEARCH DIVISION****DEPARTMENT OF EPIDEMIOLOGY AND BIostatISTICS****Training  
Participant  
Endorsement  
form****ENDORSEMENT OF APPLICANTS FOR DEBS TRAINING****INSTRUCTIONS:** Kindly accomplish this form as part of the application requirements.**PART I: APPLICANT INFORMATION**

NAME OF APPLICANT	Family Name		
	Given Name		
	Middle Name		
DEPARTMENT		OFFICE LOCAL NO.	
DESIGNATION/POSITION		EMAIL ADDRESS	

**PART III: ENDORSEMENT (To be SIGNED by the applicant's DEPARTMENT HEAD)**

I grant (*Name of the staff*) \_\_\_\_\_ permission to attend INTRODUCTION TO RESEARCH training on March 25, 2025 (8:00AM – 5:00PM). I guarantee that he/she will be given time and be excused from fieldwork/ lab work/office work during the training dates.

\_\_\_\_\_  
Printed Name and Signature of Department Head\_\_\_\_\_  
Date signed