



Republic of the Philippines  
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**BUREAU OF JAIL MANAGEMENT AND PENOLOGY**  
**NATIONAL HEADQUARTERS**

144 BJMP Bldg., Mindanao Avenue, Project 8, Quezon City  
Trunkline: (+632) 927-5147 ; 927-6383 ; 927-5877 ; 456-1922  
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## **ANNOUNCEMENT!!!**

- What:** NEURO-PSYCHIATRIC EXAMINATION OF JO1 APPLICANTS
- Where:** BJMP-NHQ Bldg 144 Mindanao Avenue, Project 8, Quezon City (Main Conference Hall)
- Time:** 7:00 am to 5:00 pm
- Attire:** White T-shirt, maong pants and rubber shoes
- What to Bring:**
1. Two (2) pcs passport size picture with nametag, I.D., two (2) pencils, two (2) ballpens (either black or blue), bottled water, morning snack, packed lunch and afternoon snack
  2. One (1) folder containing the following:
    - a. Personal Data Sheet (PDS CSC Revised 2017) - Attach home sketch both for residential and permanent address
    - b. Photocopy of Birth Certificate (issued by PSA)
    - c. Photocopy of Diploma
    - d. Photocopy of Transcript of Records
    - e. Photocopy of Certificate of Eligibility/Board Rating (with photocopy of PRC ID, if applicable)
    - f. Photocopy of Marriage Certificate (issued by PSA), if necessary
    - g. Photocopy of NBI Clearance
    - h. Photocopy of Police Clearance
    - i. Photocopy of Barangay Clearance
    - j. Photocopies of the following Court Clearances
      - Fiscal Clearance
      - MTC Clearance
      - RTC Clearance

### **IMPORTANT REMINDERS FOR APPLICANTS BEFORE TAKING THE EXAMINATION:**

- Strictly NO FACEMASK and FACE SHIELD, NO ENTRY;
- Temperature must be checked at the entrance gate before proceeding to the Main Conference Hall;
- Print a copy of the health declaration form below and submit the filled-up form prior entering the NHQ;
- Do not report in case you are experiencing sore throat, fever, cough and colds, and/or loss of appetite. Inform immediately the Recruitment Officer-in-Charge for rescheduling;
- Bring alcohol or sanitizer and extra facemask;
- No applicants shall be allowed to eat outside the Main Conference Hall until the examination is concluded;

- Applicants will be notified through text in case they will proceed to the next phase of the Neuro-Psychological Examination; and
- For other queries, you may contact JO1 Ma Carmela H Manicad through mobile no. 0917-190-1913.

<b>LIST OF APPLICANTS</b>			
<b>NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
1	ABDUL	NURWIN	AHMAD
2	ABUAN	KAYLE JOHN	TANGCO
3	ADANI	ROLAND	CAGSAWA
4	CABREDO	MA. CHRISTOPHER-STEPHEN	PAITA
5	CARMONA	ROVER	CINEDOZA
6	CHING	CHRISTIAN	PARAGATOS
7	DAGURO	VINCENT LESTER	BAYUCAN
8	DE GUZMAN, JR	FERNANDO	TAMAYO
9	DE JESUS	DAN KEDRIC	FERRER
10	DENILA	RONNIEL	VICENTE
11	EBEYA	JAPHET ANGELO	RED
12	LOPEZ	ROBERTO	STA. MARIA
13	MALPAS	JEFFREY	ARAZA
14	OFAZA	JON FREDERICK	TABUNO
15	PANAGA, JR	ANTONIO MELANIO	BANGAYAN
16	ROBLES	JOTHAM EBBOCCHI	RUBANTE
17	RODRIGUEZ	ARISTOTLE	DELA CRUZ
18	SOL	MC KEVIN	LAMONTE
19	TORRES	JEROME	ABUD
<b>*NOTHING FOLLOWS*</b>			

***Please print the health declaration form below:***





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### HEALTH DECLARATION FORM

Bureau of Jail Management and Penology ensures the health and safety of individuals entering and leaving the BJMP premises. The following information is necessary in line with (Covid-19) monitoring, contact tracing, and prevention.

Date & Time:		
Name:		
Age:	Gender:	Contact #:
Region:		
Present Address:		
<b>TEMPERATURE:</b>	<b>TRAVEL and HISTORY OF EXPOSURE</b> <b>Within the last 4 weeks</b>	
≥38°C  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Countries or local places with known confirmed cases of COVID-19  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, specify the location and date of your travel:	Have you been in CLOSE contact with a confirmed case of COVID-19?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  Have you had a CLOSE contact with or currently living with a relative/friend who is a FRONTLINER? (such as: health care worker, law enforcer or uniformed personnel, security guard, member of LGU or NGO & others with almost the same role including vendor/cashier in a public market/grocery store & others alike)
<b>RESPIRATORY SYMPTOMS</b>		
Presence of the following:  <input type="checkbox"/> Cough <input type="checkbox"/> Colds <input type="checkbox"/> Sore Throat <input type="checkbox"/> Runny Nose <input type="checkbox"/> Shortness of Breath  OR  If identified with presence of any of the above, since when?	Have you been in CLOSE contact with a relative or friend who had been to a country or place with confirmed case of COVID-19?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  Specify which country/place and date of contact with relative/friend:	Specify where your relative/friend works:
	Have you been to a hospital/health care facility with confirmed case of COVID-19?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, specify health care facility & date:	Did you go out of your place or go somewhere else during your quarantine period?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If YES, specify purpose, location and date:
	Have you been to a public market or grocery store?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  Specify location and date:	

Declaration: The information I have given herein is true, correct, and complete. I understand that failure to answer any question or any falsified response may have serious consequences. (Article 171 & 172 of the Revised Penal Code of the Philippines).

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date