



Republic of the Philippines  
**Commission on Audit**  
**Regional Office No I.**

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PDS Form No. Rev: Feb. 2019	<b>NOMINATION FORM</b>			Date Filed:
<i>(Note: In nominating participants to this training/seminar strictly observe/adhere to the principle of providing equal opportunity for all deserving personnel. Discrimination on account of gender identity, sexual orientation, disabilities, religion and/or group membership should not be exercised.)</i>				
Course Title:				
Date Covered:				
WE ARE NOMINATING THE FOLLOWING TO THE ABOVE-NAMED COURSE:				
NAME	POSITION	PROFESSIONAL IDENTIFICATION CARD NO.	REMARKS	
Head of Office/Agency:				
_____ Signature over Printed Name				
_____ Designation				
Office/Agency:		Tel. Nos.:		
		_____ _____		
Office Address:		Fax Nos.:		
Office EMail Address:		_____ _____		

**FOR COA USE ONLY**  
**(Action on Nomination)**

NOMINATIONS: <input type="checkbox"/> CONFIRMED <input type="checkbox"/> NOT CONFIRMED	SEMINAR: <input type="checkbox"/> CANCELLED <input type="checkbox"/> DEFERRED, NEW DATE _____
REMARKS/SPECIAL INSTRUCTIONS:	