



BUREAU OF CUSTOMS

MAKABAGONG ADUANA, MATATAG NA EKONOMIYA



PROFESSIONALISM

INTEGRITY

ACCOUNTABILITY

OCOM Memo No. 46-2023

MEMORANDUM

MASTER COPY
mm

FOR : ALL BOC EMPLOYEES

FROM :  BIENVENIDO Y. RUBIO
Commissioner

10 JUN 09 2023

SUBJECT : CALL FOR APPLICATION ON PUBLIC MANAGEMENT DEVELOPMENT PROGRAM'S (PMDP) SENIOR EXECUTIVE CLASS (SEC) BATCH 12

DATE : 29 May 2023

References:

- a. Letter from Atty. Engelbert C. Caronan, Jr., MNSA, President and CEO of the Development Academy of the Philippines attached as **Annex A**
- b. PMDP Endorsement Form attached as **Annex B**
- c. PMDP-SSC Form attached as **Annex C**

This has reference to the letter from Atty. Engelbert C. Caronan, Jr., MNSA, President and CEO of the Development Academy of the Philippines regarding the **PUBLIC MANAGEMENT DEVELOPMENT PROGRAM'S SENIOR EXECUTIVE CLASS (SEC) BATCH 12** at DAP CONFERENCE CENTER in TAGAYTAY CITY.

PMDP is offering the following selected modules as shuttle courses to Senior Executives:

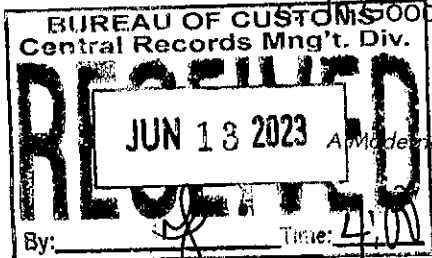
MODULE	SCHEDULE
EVIDENCE-BASED POLICY MAKING	24-28 July 2023
INNOVATION AND STRATEGIC MANAGEMENT	21-25 August 2023
PHRONETIC LEADERSHIP	11-15 September 2023

The training is inclusive of free board and lodging. However, transportation will be borne by the participant.

Interested applicants should meet the following conditions for selection:

- a. Incumbents or Officer-in-Charge (OICs) in Directorship positions;
- b. 55 years old or younger;

In Good health



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Application process for all the participants is as follows:

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- a. Participants should be endorsed by their Immediate Supervisor using the prescribed PMDP Endorsement form attached as Annex C;
- b. Submit an updated CSC Form 212 (Personal Data Sheet);
- c. Submit a filled up PMDP-SSC Form D (Self-Declaration of Illness) attached as Annex D.

Interested applicants shall submit to the Interim Training and Development Division Office (ITDD) the below-listed application documents **no later than 09 June 2023**

- a. Prescribed PMDP Endorsement Form attached as Annex B
- b. CSC Form 212 (Personal Data Sheet)
- c. PMDP-SSC Form D (Self-Declaration of Illness) attached as Annex C.

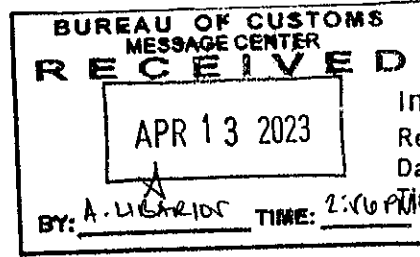
For your information and appropriate action.

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30 March 2023



277-709

Internal Admin. Group

Received by: VICKY REYES

Date: 4/11/23

Time: 12:26 pm

BIENVENIDO Y. RUBIO
Commissioner
Bureau of Customs
South Harbor, Port Area, Manila

Dear Commissioner Rubio:

Greetings of good health from the Development Academy of the Philippines (DAP)!

The Public Management Development Program (PMDP) is currently conducting the Senior Executives Class (SEC) Batch 12. In order to widen the Program's reach and optimize government resources, we are offering the following selected modules as shuttle courses to your senior executives:

Module	Schedule
Public Sector Economics and Finance	22-24 May 2023 and 19-22 June 2023
Evidence-Based Policy Making	24-28 July 2023
Innovation and Strategic Management	21-25 August 2023
Phonetic Leadership	11-15 September 2023

Note: Modification in the schedule may be necessary while the Program is ongoing.

These modules are open to incumbents or OICs in directorship positions, 55 years or younger, and in good health. Participants should be endorsed by their Immediate Supervisor using the prescribed PMDP Endorsement form, and submit an updated CSC Form 212 (Personal Data Sheet), duly filled up PMDP-SSC Form D (Self-Declaration of Illnesses) which can be downloaded from <https://bit.ly/PMDPSSCForms>

These documents should be submitted via SEC Shuttle Course Online Submission Form at least a month before the start of the course. Hard copies must be sent to PMDP Recruitment and Admissions, DAP Bldg., San Miguel Avenue, Ortigas Center, Pasig City.

Training will be at the DAP Conference Center in Tagaytay City, with free board and lodging. However, transportation will be borne by the participant.

For inquiries, feel free to contact Ms. Reina Carmelita F. Young, Program Manager of the PMDP Recruitment and Admissions Team, at 0956-384-9434 or via email at pmdp.admissions@dap.edu.ph.

Thank you and we look forward to receiving applications from your agency!

Very truly yours,

ATTY. ENGELBERT C. CARONAN, JR., MNSA
President and CEO

RECEIVED 4/13/23
Admin Training & Development Div.
Emp: Ivilyn Perezra Date: 4/14/23

MASTER COPY



INTER-AGENCY STEERING COMMITTEE
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM

ENDORSEMENT FORM
SENIOR EXECUTIVES CLASS SHUTTLE COURSE
(To be filled-out by the Immediate Supervisor)

Name of Applicant:	Last Name	First Name	Middle Name
Please tick the box <input checked="" type="checkbox"/> corresponding to the modules where the applicant is being endorsed:			
	Module	Schedule <i>Note: Modification in the process will be made to the schedule.</i>	
<input type="checkbox"/>	Public Sector Economics and Finance	22-24 May 2023 and 19-22 June 2023	
<input type="checkbox"/>	Evidence-Based Policy Making	24-28 July 2023	
<input type="checkbox"/>	Innovation and Strategic Management	21-25 August 2023	
<input type="checkbox"/>	Phronetic Leadership	11-15 September 2023	
Please indicate relevance of the selected module to the applicant's current function/assignment:			

I understand that the above candidate meets the minimum program qualifications. Should there be any changes or deferment, we will notify the PMDP Recruitment and Admissions team through an official letter.

Printed Name and Signature
of the Immediate Supervisor

Date Signed



PUBLIC MANAGEMENT
DEVELOPMENT
PROGRAM

DAP-PMDP-SSC-F4, Rev. 0



INTER-AGENCY STEERING COMMITTEE
 NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
 PUBLIC MANAGEMENT DEVELOPMENT PROGRAM

DECLARATION OF MEDICAL ILLNESS/ES (SSC - FORM D)
 (To be filled-out by the Applicant)

Name (Last name, First Name, Middle Name)	Sex:	<input type="checkbox"/> Male
		<input type="checkbox"/> Female

Are you currently under treatment for any physical / mental condition? Yes No
 If yes, please provide details:

Personal Medical History

Have you had or undergone any of the following?
 Please tick [] No or Yes. If "Yes" please specify condition and duration:

	No	Yes	Details (condition, duration)
Allergies			
Acute/Chronic Respiratory Disorder			
Blood Disorder			
Brain Disorder			
Gastro-intestinal Disorder			
Heart Disorder			
Injuries / Deformities			
Kidney / Urinary Disorder			
Menstrual Disorder			
Muscular / Joint Disorder			
Skin Disorder			
Surgical Disorder			
OB/Gyne Procedure			
Any other conditions			

I certify that the above information is true and correct to the best of my knowledge. I understand that neither PMDP nor DAP shall be liable for any physical or mental problem that I may develop during my participation in the Program and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the training. Further, I understand that non-disclosure of illness/es may result to the discontinuance of my training and expulsion from the Program.

 Applicant's Signature

 Date

TO BE COMPLETED BY A PHYSICIAN FROM YOUR AGENCY/CLINIC

Based on above given information, I have examined the above applicant and certify that s/he is free from any ailment likely to impair the health of others and fit to participate in the selected modules of the SEC Shuttle Course:

Hospital/Clinic's Name:			
Examiner's Name & Title:			
Examiner's Signature:	Date:		
Remarks, if any:			

PRIVACY NOTICE

We, at the Development Academy of the Philippines (DAP), would like to thank you for your continued trust in providing us with your personal information. Rest assured that these data shall only be used in processing your application in the Public Management Development Program (PMDP), and be secured in the concerned office only. For data privacy concerns, you may contact us at (02) 8-631-2128 or at pmdp.admissions@dap.edu.ph.





30 March 2023

**BUREAU OF CUSTOMS
MESSAGE CENTER
RECEIVED**

APR 13 2023

BY: A. UGARLOS TIME: 2:06 PM

277-709

Internal Admin. Group
Received by: VICKY REYES
Date: 4/14/23
Time: 12:26 pm.

BIENVENIDO Y. RUBIO
Commissioner
Bureau of Customs
South Harbor, Port Area, Manila

Dear Commissioner Rubio:

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Thank you and we look forward to receiving applications from your agency!

Very truly yours,

ATTY. ENGELBERT C. CARONAN, JR., MNSA
President and CEO

RECEIVED 4:43 PM
Admin Training & Development Div.
Date: 4/14/23



INTER-AGENCY STEERING COMMITTEE
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM

ENDORSEMENT FORM
SENIOR EXECUTIVES CLASS SHUTTLE COURSE
(To be filled-out by the Immediate Supervisor)

Name of Applicant:	Last Name	First Name	Middle Name	Signature
Please tick the box <input checked="" type="checkbox"/> corresponding to the modules where the applicant is being endorsed:				
	Module	Schedule <i>(Not applicable for Senior Executives Shuttle Course)</i> <i>(See SEN-Will and Executive Appointment Orders)</i>		
<input type="checkbox"/>	Public Sector Economics and Finance	22-24 May 2023 and 19-22 June 2023		
<input type="checkbox"/>	Evidence-Based Policy Making	24-28 July 2023		
<input type="checkbox"/>	Innovation and Strategic Management	21-25 August 2023		
<input type="checkbox"/>	Phronetic Leadership	11-15 September 2023		
Please indicate relevance of the selected module to the applicant's current function/assignment:				

I understand that the above candidate meets the minimum program qualifications. Should there be any changes or deferment, we will notify the PMDP Recruitment and Admissions team through an official letter.

Printed Name and Signature
of the Immediate Supervisor

Date Signed





INTER-AGENCY STEERING COMMITTEE
 NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
 PUBLIC MANAGEMENT DEVELOPMENT PROGRAM

DECLARATION OF MEDICAL ILLNESS/ES (SSC - FORM D)
 (To be filled-out by the Applicant)

Name (Last name, First Name, Middle Name)	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Are you currently under treatment for any physical / mental condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____ _____			
Personal Medical History			
Have you had or undergone any of the following? Please tick [<input checked="" type="checkbox"/>] No or Yes. If "Yes" please specify <u>condition and duration</u> :			
	No	Yes	Details (condition, duration)
Allergies			
Acute/Chronic Respiratory Disorder			
Blood Disorder			
Brain Disorder			
Gastro-intestinal Disorder			
Heart Disorder			
Injuries / Deformities			
Kidney / Urinary Disorder			
Menstrual Disorder			
Muscular / Joint Disorder			
Skin Disorder			
Surgical Disorder			
OB/Gyne Procedure			
Any other conditions			
I certify that the above information is true and correct to the best of my knowledge. I understand that neither PMDP nor DAP shall be liable for any physical or mental problem that I may develop during my participation in the Program and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the training. Further, I understand that non-disclosure of illness/es may result to the discontinuance of my training and expulsion from the Program.			
_____	_____		
Applicant's Signature	Date		
TO BE COMPLETED BY A PHYSICIAN FROM YOUR AGENCY'S CLINIC			
Based on above given information, I have examined the above applicant and certify that s/he is free from any ailment likely to impair the health of others and fit to participate in the selected modules of the SEC Shuttle Course:			
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Examiner's Name & Title:	_____		
Examiner's Signature:	_____	Date:	_____
Remarks, if any:	_____		

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