



2022 DOST-SEI SCIENCE AND TECHNOLOGY
UNDERGRADUATE SCHOLARSHIPS APPLICATION FORM

FORM D – CERTIFICATION OF GOOD HEALTH

TO WHOM IT MAY CONCERN:

This is to certify that _____ is of good
(Name of Applicant)
health and is fit to study in college.

*Printed Name & Signature of School/Barangay
Health Center/Private Physician/Nurse*

License No. _____

Date _____