(Letter Head of the Institution)
LETTER OF INTENT/APPLICATION

Date: _____

The Provincial Director
_____
_____

Dear Sir/Madam:

This is to express our intention to apply for registration of the following program/s listed hereunder:

Program/s	Training Duration (No. of Hours)
1.	
2.	
3.	

The above-mentioned program/s will be implemented through (please check the box):

☐ Institution-Based Training Program ☐ Micro-Credential
☐ Mobile Training Program ☐ Others
_____

Enclosed are the fundamental requirements as listed in the Program Registration Checklist of Requirements.

☐ YES ☐ NO

We hope for your immediate action on this application.

Very truly yours,

(Signature over printed Name)
President/Head Applicant Institution)
Tel. No./Mobile No/E-mail Address: