



2026 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.

Certified by (must be Private/Barangay Health Center
Physician/Nurse/Midwife):

Full Name: _____

Designation: _____

Signature: _____

License No.: _____

Date Signed: _____

NOTE: Failure to properly accomplish the form (e.g., applicant's and/or health officer's name/s are not indicated) will result to the applicant's disqualification to the scholarship.