



2024 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*

*Designation* \_\_\_\_\_  
*(i.e., Private/Barangay Health Center Physician/Nurse/Midwife)*

*License No.* \_\_\_\_\_

*Date* \_\_\_\_\_