



Republic of the Philippines  
**Department of Education**  
REGION VIII  
SCHOOLS DIVISION OF NORTHERN SAMAR

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DepEd email of  
Requesting/Processing Official : @deped.gov.ph  
Title of the Activity (as per approved training program design) :  
Inclusive dates of implementation : November --, 2024  
Venue : Event Address  
With CPD units? :  
(Answer Yes or No)  
Number of Participants : 00

**LIST OF PARTICIPANTS**

<b>No.</b>	<b>Full Name</b> (First Name, MI (if any), Last Name)	<b>Position</b>
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**LIST OF RPs & PMTs**

<b>No.</b>	<b>Full Name</b> (First Name, MI (if any), Last Name)	<b>Position</b>
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**SCHOOL HEAD/DISTRICT HEAD**

Training Manager/Program Owner