

Republic of the Philippines
National Nutrition Council
Region III

CHECKLIST FOR NNC MEDICAL AND SURVIVORSHIP ASSISTANCE REQUESTS FOR BARANGAY NUTRITION SCHOLARS

FY 2020

Province/City: _____

Date Received at RO: _____

Municipality: _____

Date Received at CO: _____

Barangay: _____

Date Received at NPPD: _____

Name of BNS: _____

Age and Sex: _____

Family name, Given name, Middle initial

DOCUMENTARY REQUIREMENTS	YES	NO	REMARKS
1. Endorsement letter by Local Chief Executive			
2. Certified copy of BNS Masterlist			
3. Photocopy of one (1) valid ID of BNS			
For medical assistance			
4. Letter request of BNS applicant			
5. Original medical certificate			
For survivorship assistance			
6. Letter request of beneficiary of deceased BNS			
7. Photocopy of one (1) valid ID of BNS' beneficiary			
8. Certified true copy of death certificate			
ACTION			
1. Medical (₱5,000):			
2. Survivorship (₱20,000):			

NNC Regional Office	NPPD
Appraised by: (Name and signature) dd /mm/ year	Appraised by: _____ (Name and signature) Date: _____ dd /mm/ year
Submitted by: Nutrition Program Coordinator (Name and signature)	Reviewed by: _____ Chief, Nutrition Policy and Planning Division

For survivorship assistance, copy of death certificate provided to NSD for updating of database:

____/____/____
dd / mm / year

Date request forwarded to FMD for processing:

____/____/____
dd / mm / year