



**CITY GOVERNMENT OF PASIG**  
**PERSONS WITH DISABILITY AFFAIRS OFFICE**  
**DEPARTMENT OF HEALTH**  
 Philippine Registry for Person with Disability Version 4.0



<input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL    DATE APPLIED _____		PLACE 1X1 PHOTO HERE	
<b>1. PWD NUMBER (RR-PPMM-BBB-NNNNNNN):</b>			
<b>2. LAST NAME:</b>	<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>
<b>3. TYPE OF DISABILITY: (check all that apply)</b>  <input type="checkbox"/> DEAF/HARD OF HEARING <input type="checkbox"/> PSYCHOSOCIAL DISABILITY <input type="checkbox"/> INTELLECTUAL DISABILITY <input type="checkbox"/> SPEECH/LANGUAGE IMPAIRMENT <input type="checkbox"/> LEARNING DISABILITY <input type="checkbox"/> VISUAL DISABILITY <input type="checkbox"/> MENTAL DISABILITY <input type="checkbox"/> CANCER (RA-11215) <input type="checkbox"/> PHYSICAL DISABILITY <input type="checkbox"/> RARE DISEASE (RA-10747)		<b>4. CAUSE OF DISABILITY:</b>  <input type="checkbox"/> CONGENITAL/INBORN <input type="checkbox"/> ACQUIRED <input type="checkbox"/> AUTISM <input type="checkbox"/> CHRONIC ILLNESS <input type="checkbox"/> ADHD <input type="checkbox"/> CEREBRAL PALSY <input type="checkbox"/> DOWN SYNDROME <input type="checkbox"/> INJURY	
<b>5. ADDRESS:</b>	<b>HOUSE NO. AND STREET NAME:</b>	<b>BARANGAY:</b>	
<b>CITY/MUNICIPALITY:</b>		<b>PROVINCE:</b>	<b>REGION:</b>
<b>6. CONTACT DETAILS:</b> LAND LINE:	<b>MOBILE NUMBER:</b>	<b>EMAIL ADDRESS:</b>	
<b>7. DATE OF BIRTH (mm/dd/yyyy)</b>	<b>8. SEX</b>  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>9. CIVIL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPERATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> COHABITATION (LIVE-IN)	
<b>10. EDUCATIONAL ATTAINMENT:</b>  <input type="checkbox"/> NONE <input type="checkbox"/> KINDERGARTEN <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> JUNIOR HIGH SCHOOL <input type="checkbox"/> SENIOR HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> POST GRADUATE	<b>11. EMPLOYMENT STATUS</b> <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF EMPLOYED  <b>11.1 CATEGORY OF EMPLOYMENT</b> <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE  <b>11.2 NATURE OF EMPLOYMENT</b> <input type="checkbox"/> PERMANENT / REGULAR <input type="checkbox"/> CASUAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> EMERGENCY	<b>12. OCCUPATION</b> <input type="checkbox"/> MANAGER <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> TECHNICIAN AND ASSOCIATE PROFESSIONAL <input type="checkbox"/> CLERICAL SUPPORT WORKER <input type="checkbox"/> SERVICE AND SALES WORKER <input type="checkbox"/> SKILLED AGRICULTURAL, FORESTRY, AND FISHERY WORKERS <input type="checkbox"/> CRAFT & RELATED TRADE WORKERS <input type="checkbox"/> PLANT MACHINE OPERATORS & ASSEMBLERS <input type="checkbox"/> ELEMENTARY OCCUPATIONS <input type="checkbox"/> ARMED FORCES OCCUPATIONS <input type="checkbox"/> OTHERS, SPECIFY: _____	
<b>13. BLOOD TYPE</b> <input type="checkbox"/> A+ <input type="checkbox"/> AB+ <input type="checkbox"/> B- <input type="checkbox"/> AB- <input type="checkbox"/> B+ <input type="checkbox"/> O+ <input type="checkbox"/> B- <input type="checkbox"/> O-	<b>14. ORGANIZATION AFFILIATED:</b> Organization Affiliated: _____ Contact Person: _____ Office Address: _____ Tel. No.: _____	<b>15. ID REFERENCE NO.</b> SSS NO. _____ GSIS NO. _____ PSN NO. _____ PHILHEALTH NO. _____ <input type="checkbox"/> Philhealth Member <input type="checkbox"/> Philhealth Member – Dependent	

**APPLICATION REQUIREMENTS**

<b>FOR NEW APPLICANT</b>		
<ul style="list-style-type: none"> <li>PWD Application Form</li> <li>Recent Medical Certificate of Disability with Doctor's Signature, PTR &amp; License Number</li> <li>Voter's ID/Registration</li> <li>Brgy. Certificate (if not a registered voter of Pasig City)</li> </ul>	<ul style="list-style-type: none"> <li>2pcs 1x1 ID picture</li> <li>1 whole body picture holding a recent calendar (<b>proof of life</b>)</li> <li>Copy of Birth Certificate</li> </ul>	<ul style="list-style-type: none"> <li>Xerox copy of valid ID issued by the govt. showing the date of birth of the applicant.</li> </ul>

**FOR ID RENEWAL: Same application requirements (new applicant) plus the expired PWD ID**

**FOR LOST ID: Same application requirements (new applicant) plus notarized affidavit of loss  
SUBMISSION OF PWD ID APPLICATION AT PDAO IS EVERY MONDAY ONLY.**

<b>16. FAMILY BACKGROUND</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
<b>FATHER'S NAME:</b>			
<b>MOTHER'S NAME:</b>			
<b>17. ACCOMPLISHED BY:</b>			
___ APPLICANT		___ GUARDIAN	
___ APPLICANT		___ REPRESENTATIVE	
<b>NAME:</b> _____			
<b>18. NAME OF CERTIFYING PHYSICIAN:</b> _____ <b>LICENSE NO.</b> _____			
<b>19. NAME OF REPORTING UNIT:</b> _____			
<b>20. CONTROL NO.:</b> _____			
<b>21. PROCESSING OFFICER:</b> _____			
<b>22. APPROVING OFFICER:</b> _____			
<b>23. ENCODER:</b> _____			
<b>APPLICATION FORM:</b> <input style="width:100px;" type="text"/>			
<b>PWD NO.</b> <input style="width:100px;" type="text"/>		<b>CNTRL NO.</b> <input style="width:100px;" type="text"/>	
___ WALK IN    ___ BARANGAY    ___ ONLINE    ___ ENDORSED    ___ NEW    ___ RENEWAL    ___ LOST    ___ REPLACEMENT    ___ TRANSFER			
<b>IN CASE OF EMERGENCY PLEASE NOTIFY:</b>			
Name: _____ Relationship: _____ Contact Number: _____			
I _____ resident of Barangay _____, Pasig City agreed to consent by submitting this reply form; consent to the collection, generation, use, processing, storage and retention of my personal data by PDAO for the purpose(s) described in this document. Please ensure that you have completely read and understood the terms before signing. Any change will not be applied and will not alter how PDAO handles previously collected personal data without obtaining your consent, unless required by law.			
Date: _____ Signature: _____			
The Republic Act No. 10173, or the Data Privacy Act of 2012 (DPA), with the National Privacy Commission (NPC) overseeing its proper implementation.			



**#TuloyAngSerbisyoBSA**