



PROVINCE OF DAVAO DEL NORTE  
BB. DAVNOR 2018



**OFFICIAL APPLICATION FORM**

*(Kindly fill out in your own handwriting and submit to Bb. DavNor Secretariat)*

THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE NEITHER COLLECTS, NOR HAS IT AUTHORIZED ANY PERSON OR ENTITY TO COLLECT ANY FEE IN RELATION TO THIS APPLICATION.

**I. REPRESENTATION**

Endorsing LGU	
Sponsoring Sector or Private Institution	

**II. PERSONAL INFORMATION**

FULL NAME		NICKNAME			
SEX		AGE		CIVIL STATUS	
DATE OF BIRTH		PLACE OF BIRTH		CITIZENSHIP	

HEIGHT (feet)		WEIGHT (kgs)		BUST (inches)	
HIPS (inches)		WAIST (inches)		HAIR COLOR	

PRESENT ADDRESS			
LENGTH OF STAY <i>(specify if in months or years)</i>		INCLUSIVE DATES	

FATHER'S FULL NAME			
DATE OF BIRTH		PLACE OF BIRTH	
PRESENT ADDRESS			

MOTHER'S FULL NAME			
DATE OF BIRTH		PLACE OF BIRTH	
PRESENT ADDRESS			

CONTACT DETAILS					
LANDLINE		MOBILE		EMAIL	
Facebook		Twitter		Instagram	



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III. EDUCATIONAL ATTAINMENT

POST-GRADUATE			
School		Year Graduated or Year Level	
Course/Degree			

TERTIARY			
School		Year Graduated or Year Level	
Course/Degree			

SECONDARY			
School		Year Graduated or Year Level	

PRIMARY			
School		Year Graduated or Year Level	

IV. OCCUPATION *(If applicable)*

COMPANY & ADDRESS			
STATUS		YEARS OF EMPLOYMENT	

V. PARTICIPATION IN OTHER BEAUTY PAGEANTS

BEAUTY PAGEANT		DATE	
TITLE WON		ORGANIZER	

OTHERS <i>(Modeling, Hosting, Guest Artist)</i>	
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VI. OTHER PERSONAL INFORMATION

HOBBIES	
SPORTS	
TALENTS/SKILLS	



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**VII. OFFICIAL HANDLER**

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CONTACT NO.</b>	

**VIII. OTHER INTERESTING PERSONAL INFORMATION (If any)**

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**IX. PERSONAL REFERENCES (At least 3)**

<b>NAME</b>	<b>AFFILIATION</b>	<b>CONTACT NO.</b>

**X. MEDICAL CERTIFICATION/DOCUMENTS**

- Certification on Height Requirement
- Laboratory Tests: Chest X-ray, Drug Testing, Urinalysis, CBC & Pregnancy Test

**XI. DOCUMENTARY REQUIREMENTS**

- Certified true copy of birth certificate from the civil local registrar or NSO (If Dabaonon by birth)
- Certified true copy of birth certificate of Mother or Father (If Dabaonon by blood)
- Certification from the Barangay, of which, the candidate or any of her parents are considered a domicile. Certifying further; that the candidate or any of her parents has established a domicile in six (6) months-time upon date of Screening
- Voter's ID or Passport
- Business Registration of the NGO Represented
- At least a Junior High School diploma (For educational attainment)
- Endorsement letter from the office of the city/municipal Mayor

**XII. PHOTOS**

- Close up (without make-up)
- Full body shot



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**XIII. CERTIFICATION AND WARRANTY OF INFORMATION/STATEMENTS**

1. I certify that all of the following information/data and/or matters indicated in this Application Form and such documents attached hereto are true, and that there are no false statements, misrepresentations or omissions herein. Any such false statements, misrepresentations or omissions will be sufficient ground for the Provincial Government of Davao Del Norte (PGDDN) to reject this application, without prejudice to any other legal remedies PGDDN may be entitled to under the premises.

2. I further certify that:

a. I am neither married, nor have I ever been married; I have never sought the annulment of my marriage or the declaration of nullity thereof, and that I have never been, nor am I presently pregnant. I have neither given birth to child nor am I a parent;

b. I am in good mental, psychological and physical health, and that I have never been sick or have been hospitalized for Cancer, Epilepsy, HIV, AIDS, heart ailment, a disease involving the gastrointestinal system or any other disease that will impair my mental, psychological and/or physical health or condition;

c. I am neither suffering from, nor have I ever been under prolonged medication for any physical, neurological, psychological or psychiatric condition, including eating and/or personality disorders which will impair my ability to act as an Applicant and/or Candidate of the 2017 Bb. DavNor Pageant;

d. I am of good moral character;

e. I have never participated in any bold/burlesque shows, plays, movies, publications or activities, or such show, play, movie, publication or activity, which, in the sole opinion and discretion of PGDDN, is inconsistent with my application with the 2018 Pageant, run counter against the social and moral principles upon which the Pageant is founded upon, and/or bring disrepute or embarrassment to PGDDN or any of its sponsors;

f. I have not engaged in prostitution or any such act which can be deemed as similar or related thereto;

g. I am neither a party to any existing Contract, which would, in the sole opinion and discretion of PGDDN, shall cause my disqualification as an Applicant to, or a Candidate of, the 2017 Pageant.

h. I was born with the anatomy of a female and that I have not consented to and/or underwent any surgical, medical and/or cosmetic procedure to transform me into a biological female.



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**XIV. UNDERSTANDING OF CONDITIONS**

1. I understand that I am applying as a candidate of the 2018 Bb. DavNor Pageant and that the requirements and/or limitations with regard to age, residency, and citizenship may vary, subject to the requirements of different national & international pageants, and accordingly, that my qualifications are further subject thereto.

2. I am aware that PGDDN, at its sole discretion, may require me to submit additional and sufficient proof of age, residency, citizenship, health and other documentation/information regarding my qualifications. Should I be required to do so, I undertake to provide PGDDN with such requested documentation information, and failing to comply within the period to submit, as determined by PGDDN, I understand that my application will not be considered complete and submitted.

3. I understand that I have to pass the screening and meet all the requirements of Bb. DavNor. I further understand that the basic requirements relate to information obtained from me as contained in this Application Form.

4. In considering my application to be a candidate of the 2018 Pageant, I also understand that personal achievements, intelligence, beauty, physical fitness, personal style and charisma, among other criteria, shall also be considered. I agree that all issues as to my eligibility as an applicant shall be determined solely by PGDDN and that I shall abide by its determination, which shall be final and non-appealable.

5. In filling out and signing this Application Form, I further understand that PGDDN is under no obligation to accept me as a candidate. My acceptance as an official candidate shall commence only when I am formally and specifically notified thereof.

6. If I am chosen as an official candidate, this Application Form shall be considered part and parcel of the Official Entry Form/Contract which I shall be required to sign.

7. I finally certify that I have read this Application Form carefully, that I have understood the same, and that no promises or representations were made to induce me to sign this Application Form.

\_\_\_\_\_  
(Applicant Signature Over Printed Name)

Signature/s above printed names of both Parent/s (Custodial Parent if Separated or if parent is Solo Parent; or of Legal Guardian):

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_

Date : \_\_\_\_\_