



**Republic of the Philippines**  
**NATIONAL KIDNEY AND TRANSPLANT INSTITUTE**  
*East Avenue, Quezon City*

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that Ms./Mr. \_\_\_\_\_  
has assumed the duties and responsibilities as  
\_\_\_\_\_ of \_\_\_\_\_  
effective \_\_\_\_\_.

This certification is issued in connection with the issuance of the  
appointment of Ms./Mr. \_\_\_\_\_ as  
\_\_\_\_\_.

Done this \_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
Head of Office/Department/Unit

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

Attested by:

\_\_\_\_\_  
HRMO

201 file  
Admin  
COA  
CSC

*For submission to CSC FO  
within 30 days from the  
date of assumption of the  
appointee*