Republic of the Philippines
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office _____

Municipality: _____
Barangay: _____

C E R T I F I C A T I O N

This is to certify that the following listed grantees have attended the monthly Family Development Session (FDS) as a required condition for beneficiaries of the Pantawid Pamilyang Pilipino Program for the months indicated opposite to their names.

#	Name & HH ID Number	Months Verified As Compliant											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

***Please check applicable months.**

Signed: _____
Assigned City/Municipal Link

Date: _____

Attested/Verified By: _____
SWO - III

Date: _____

LEGEND: √ - compliant × - non-compliant