**ACCOMPLISHMENT REPORT**

**FOR PREVIOUS ACADEMIC YEAR 20\_\_\_ - 20\_\_\_**

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|  |  | 🞏 **Institutional**  🞏 **College-Based:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College/Unit |  |  |  |  |
| **Name of Organization** |  | **Classification** |  | **Arm** |  | **Cluster** |

Please summarize the activities participated in, or organized, by the organization. Approved certified true copies of permits and certifications must support all listed activities. Submit a scrapbook or album of pictures with captions.

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| **SECTION 1. Services to the Institution/College.** This includes activities organized by the Institution or the College in which the organization will actively participate. | | | | | |
| **Date of Activity** | **Activity**  **(Theme or Title)** | **Level**  (Local, National, Regional, International) | **Venue** | **Description / Objectives** | **Participants** |
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| **SECTION 2. Services to Own Organization.** This includes activities such as capacity-building seminars/trainings, rehearsals, and meetings that will be participated in, or organized, by the organization, or its members where representation of the organization is evident. | | | | | |
| **Date of Activity** | **Activity**  **(Theme or Title)** | **Level**  (Local, National, Regional, International) | **Venue** | **Description / Objectives** | **Participants** |
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| **SECTION 3. Community Extension Services.** This includes medical missions and outreach programs for which the beneficiaries are the underprivileged sector of the community. The programs must be in line with the mission and goals of the organization. | | | | | |
| **Date of Activity** | **Activity**  **(Theme or Title)** | **Level**  (Local, National, Regional, International) | **Venue** | **Description / Objectives** | **Participants** |
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| **SECTION 4. Awards and Recognition** | | | | |
| **Title of Award** | **Date** | **Venue** | **Description / Objectives** | **Awarding Body** |
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| **Prepared by:** |  | **Attested by:** |  | **Verified correct by:** |
| (Signature Over Printed Name) |  | (Signature Over Printed Name) |  | (Signature Over Printed Name) |
| **Executive Secretary** |  | **President** |  | **Faculty Adviser** |