MOVIE AND TELEVISION REVIEW AND CLASSIFICATION BOARD MASTERLIST OF FORMS

Division/Unit: Office of the Chairperson

FORM NAME		INITIAL ISSUE DATE	REVISION DATE				
	FORM NO.		1	2	3	4	5
nternal							
Request for Informational Materials	F-OTC-001	12/01/16					
Developmental Activity Information Sheet	F-OTC-002	12/01/16					
Post-Developmental Activity Form	F-OTC-003	12/01/16					
Developmental Activities Evaluation Form	F-OTC-004	12/01/16					
			1				

Prepared By:

Terbaldo

DELIA E. BALDO Board Secretary III Approved By

EUGENIO H. VILLAREAL

Chairperson



Office of the President of the Philippines MOVIE & TELEVISION REVIEW & CLASSIFICATION BOARD

MTRCB Building, No. 18 Timog Avenue, Quezon City Tel. No.: (02) 376-7380 Fax No.: (02) 376-7386 Email: admin@mtrcb.gov.ph

REQUEST FOR INFORMATIONAL MATERIAL

Control No	:
Date	:
Name of Requestor	:
Remarks	
Signature of Reques	itor:
	Noted By:
	Executive Director
	Approved By:
-	Chairberson

F-OTC-001 (12/1/16)



Office of the President of the Philippines MOVIE & TELEVISION REVIEW & CLASSIFICATION BOARD

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DEVELOPMENTAL ACTIVITY INFORMATION SHEET

Control No	:		
Date			
Event	:		
School/Institution	:		
Address	\$		
Audience	:		
Contact Person			
Contact Number	:		
Remarks	•		
Proposed Speakers:			
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Proposed Supportin			
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	Recommending	Approval:	
Co Chaimbana	a MD Committee	Co Chaimhanna	A4D Committee
Co-Chairperso	n, MP Committee	Co-Cnairperson	n, MP Committee
	Noted E	Ву:	
and the second s	Executive D	irector	
	Approved	Ву:	
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Office of the President of the Philippines MOVIE & TELEVISION REVIEW & CLASSIFICATION BOARD

MTRCB Building, No. 18 Timog Avenue, Quezon City Tel. No. (02) 376-7380 Fax No. (02) 376-7379 Email: admin@mtrcb.gov.ph

Post Developmental Activity Report

Name of Activity		
(What specific activity is this?)		
Name of Institution/s and the		
Location		
(What is the name/s of the		
institution or group of people		
who participated in the		
activity? Indicate the region or		
province.)		
Date and Time		
(Indicate the date and time of		
the activity.)		
List of Board Members		
(Names of Board Members who		
are part of the team.)		
List of Support Staff,		
Drivers, etc.		
(Names of staff.)		
Activities Conducted by the		
Board and its Outcome		
(What are the highlights of the		
whole activity? If it is a 3-day		
MP activity, please indicate the		
date and time of each activity.)		
Total Number of Participants		
(pls. specify how many MALE		
and FEMALE)		
Result of the Submitted		
Evaluation Forms		
(you may use another sheet)		
Over-all Comments, Assessment		
and/or Recommendations		
(You may evaluate the activity by using SWOT Analysis)		
by using SwO1 Analysis)	□Photos	of the same
		□Itinerary
Attachments	□Programme □Evaluation Sheets (final tally)	Special Order
	□Attendance Sheets	byideos (ii applicable)
	TAILCHGAIRCE SHEETS	
Prepared by:		
Cianatana Dia 131		D
Signature over Printed Name		Date

F-OTC-003 (12/1/16)