Annex K
Rev. 00 s. 2023

Technical Education and Skills Development Authority
FY ____ (Scholarship Program)
REGIONAL QUALIFICATION MAP (RQM)

Region :_____
Contact No :_____ **E-mail Address:**_____ **RQM Number:**_____

Province	PQM Code	RQM Code	Name of TVI	Qualification Title/Cluster of Competency	No. of Slots	Total Amount	Remarks
TOTAL:					-	-	

Evaluated By:

_____
Regional Scholarship Focal

Date:_____

Endorsed By:

_____
Regional Operations Division Chief

Date:_____

Approved By:

_____
Regional Director

Date:_____

**System-generated through the Scholarship Information System (SIS).*