



Republic of the Philippines  
**Department of Education**  
REGION XI  
SCHOOLS DIVISION OF PANABO CITY

**Office of the Schools Division Superintendent**

**DIVISION MEMORANDUM**

SGOD-2025-0151

To : Assistant Schools Division Superintendent  
Chief of the Schools Governance and Operations Division  
All Concerned

Subject: **MONITORING AND EVALUATION OF BARANGAY NUTRITION SCHOLAR**

Date: March 19, 2025

This has reference to the Memorandum Order No. 190, s. 2025 dated February 17, 2025, re: **Monitoring and Evaluation of Barangay Nutrition Scholars** using the Monitoring and Evaluation of Local Level Plan Implementation Protocol (MELLPI Pro) on April 2, 2025, at Gredu Elementary School.

Anent this, **Ms. Moolien Jane A. Estimada** is hereby directed to represent this office on the said activity.

Travel and other incidental expenses shall be charged against Division MOOE/local fund subject to the usual accounting and auditing rules and regulations.

For your information and compliance.

  
**JINKY B. FIRMAN PhD, CESO VI**  
Schools Division Superintendent

**RELEASED**

**MAR 21 2025**

RECORDS SECTION-SDO PANABO CITY  
BY 

Enclosed.: As stated.  
SGOD/ABA/mje



Schools Division Office of Panabo City  
City Hall Compound, Km 31, Panabo City  
Telephone No: (084) 823-1469  
Email: panabocity.division@deped.gov.ph

**DepEd Panabo:**  
**Empowering Champions in Education**  
through Journeying, Blending and Forging commitment in  
providing quality education, MATATAG for all.





Republic of the Philippines  
Province of Davao del Norte  
CITY OF PANABO

## OFFICE OF THE CITY MAYOR



### MEMORANDUM ORDER

No. 190, Series 2025

TO : **GERALDIN P. CABANG** Senior EMS-CENRO  
**LORELIE R. ORIO** Population Program Officer III - CHO  
**MARY ANN L. TUMAMPIL** Population Program Officer II-CHO  
**MARIANNE V. SERRANO** Nurse I- CHO  
**MOOLIE JANE A. ESTIMADA** Nurse II - DepEd  
**ADRIELLE SHINE B. ADA** Pharmacist I/NIP Coordinator/Cold Chain Manager  
**MICHAEL M. TAGWALAN** Local Youth Dev't. Officer - CSWDO  
**SARAH D. SAMILLANO** Administrative Assistant II-CBO  
**IGNACIO T. PAMAN** Senior Agriculturist-CAGRO  
**SOFIA D. BENDIJO** Nutritionist-Dietitian I - CHO  
**ELEGIE M. BASAN** Nutritionist-Dietitian I - CHO  
**ABEGAIL A. TIMTIM** Information Officer I-CIO  
**MELY A. BONITE** Day Care Worker II-CHO  
**JEAN C. RAGSAG** City RIC Coordinator-CAGRO  
**GENEVA P. RESTIFICAR** Asst. Nutritionist-Dietitian-CHO  
**ELSIE M. EGPIT** Nutrition Staff-CHO  
**JOSEPHINE J. CHUA** Nutrition Staff-CHO  
**RONAN S. POSPOS** Nutrition Staff-CHO  
**DAISY D. CASTILLON** NDDP-DOH XI  
**LOVELLA Y. FONTANILLA** Nutritionist-Dietitian III-CHO

RE : **MONITORING AND EVALUATION OF BARANGAY NUTRITION SCHOLARS**

Date : **FEBRUARY 17, 2025**

In the exigency of public service, you are hereby directed to proceed to the following Barangays in our city with the schedule listed below to conduct Monitoring and Evaluation of Barangay Nutrition Scholars using the Monitoring and Evaluation of Local Level Pan Implementation Protocol (MELLPI Pro) from 8:30 A.M. to 3:00 P.M., to wit:

DATE	BARANGAY	No. of BNS	Team Member
April 1, 2025	Upper Licanan	1	MARY ANN L. TUMAMPIL RONAN S. POSPOS JEAN C. RAGSAG
	Katipunan	1	ADRIELLE SHINE B. ADA MELY A. BONITE DAISY D. CASTILLON LOVELLA Y. FONTANILLA ELEGIE M. BASAN
April 2, 2025	Quezon	1	MARIANNE V. SERRANO SARAH D. SAMILLANO IGNACIO T. PAMAN
	Gredu	3	SOFA D. BENDIJO MOOLIE JANE A. ESTIMADA ABEGAIL A. TIMTIM LORELIE R. ORIO JOSEPHINE J. CHUA





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CITY OF PANABO

**OFFICE OF THE CITY MAYOR**

*Service to Panaboans  
Service to God*

April 3, 2025	Sto. Nino	1	MICHAEL M. TAGWALAN GENEVA P. RESTIFICAR MARY ANN L. TUMAMPIL RONAN S. POSPOS
	New Pandan	1	JEAN C. RAGSAG ADRIELLE SHINE B. ADA MELY A. BONITE DAISY D. CASTILLON

In view hereto, your travel in going to the said place is declared official and will entitle you to claim whatever incidental expenses incurred thereto subject to existing COA and other pertinent rules and regulations.

Please be guided accordingly.

**JOSE E. RELAMPAGOS**  
City Mayor

Cc: CHRMO/File

*This is to certify that the aforementioned employee/s personally appeared in this office as indicated below:*

NAME : _____	
POSITION : _____	
BRGY/OFFICE VISITED : _____	
NAME OF CONTACT/FOCAL : _____	
POSITION TITLE : _____	Signature
OFFICE ADDRESS : _____	
INCLUSIVE DATE/TIME : _____	
NAME : _____	
POSITION : _____	
BRGY/OFFICE VISITED : _____	
NAME OF CONTACT/FOCAL : _____	
POSITION TITLE : _____	Signature
OFFICE ADDRESS : _____	
INCLUSIVE DATE/TIME : _____	

*Instruction: replicate table as needed based on the number of offices/areas to be visited; 1 table per office/area must be filled.*

