

Department of Science and Technology PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT

Outstanding Health Research Award Nomination Form

1.	1. Name of the research group, program or project			
	Make a write-up on the impact of the program or project on health delivery including a contextualization of the problem that the			
	project/program seeks to address and a description of the program or project highlighting how the results were utilized, as well as the			
	benefits derived from their utilization			

Additional sheets may be used if necessary.

3. List the nominee's t					
completed projects r					
adopted or utilized.	Attach a	clear	copy of	each of	<u>the</u>
publications listed.					

Additional sheets may be used if necessary.

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4.	Statement from the technology user(s) and program or project
	and upon deposition the contribution of the technology and make the
	end-user describing the contribution of the technology and project
	or program in improving health delivery.
	or program in improving nearin delivery.
	ditional shoots may be used if necessary

Additional sheets may be used if necessary.

5. Program/project lead and members 6. Nominator	Position or Title	Address
		Address (Institution)
Signature of Nomir	nator	Date

This is to certify that(n is known to me /us to be a person of integrity.	ame of nominee) f good moral character and proven
Nominator's Name	Signature
Address	Telephone Number
	before me thisday of, affiant having Residence Certificate No. d at on
Doc. No Page No Book No Series of 20	Notary Public PTR NO Until TIN

AGREEMENT OF NOMINEE:					
I hereby agree:					
1.	 To abide by the rules and regulations of the Board of Judges; 				
2.	To give additional info	ormation as may be re	equested;		
3.	To be available sideliberations require	should the Board my presence;	of Judges'		
4.	To receive the Award	in person, if selected			
Nomi	nee's Name	Signature			
Mail Nomination to:					
The Regional Consortium Secretariat (Please refer to the attached paper for the list of addresses)					