

**NOMINATION FORM
REGIONAL RESEARCHER OF THE YEAR AWARD**

1. Name of Nominee ^{1/}	Position or Title	Address (Institution)
2. Nominator	Position or Title	
Address (Institution)		
Signature	Date	

^{1/} If nominee is a group, list all members and indicate their respective position or title and institutional address

3. List all the nominee's technical reports, published or unpublished, related to the technology that is adopted or used. Attach a clear copy of each of the reports/publications*.

* Use additional sheets if necessary

4. List researches/investigations that were undertaken as off-shoot of the nominees' research activities, if any.

5. Prepare a write up on the impact of the nominee's research outputs on health delivery. Highlight the extent of the problem addressed, how the research results were utilized and the benefits derived from its use.

Use additional sheets if necessary

This is to certify that _____ is
(Name of Nominee)

known to me/us to be a person of good moral character and proven integrity.

Nominator's Name

Signature

Address

Telephone No.

SUBSCRIBED AND SWORN to before me this _____
day of _____ at
affiant having exhibited to me his Community Tax Certificate
No. _____ issued at
_____ on _____.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

PTR No. _____
Until _____
TIN _____

Agreement of Nominee

I hereby agree:

1. To abide by the rules and regulation of the PCHRD Selection Committee.
2. To give additional information as may requested
3. To be available should the Selection Committee deliberations require my presence
4. To receive the Award in person, if selected.

Nominee's Name

Signature

Mail Form to: The Officer-in-Charge
Office of the Executive Director
Philippine Council for Health Research and
Development
3/F DOST Administration Bldg.
Gen. Santos Ave., Bicutan
Tagig, Metro Manila

Or

To any DOST Regional Office