

Republic of the Philippines
Department of Science and Technology
PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT
DOST Complex, Bicutan, Tagig, Metro Manila
Telephone Nos: 837-75-37; Fax Nos: 837-29-24

A P P L I C A T I O N

Thesis Grant

Dissertation Grant

Degree: _____

Title of Thesis/Dissertation

Personal Data

1. Name: _____
(Last) (First) (Middle)

2. Home Address: _____

Telephone Nos. _____

3. Date of Birth: _____ Place of Birth: _____

4. Civil Status: _____ Sex: _____ Citizenship : _____

5. If Married, Name of Spouse: _____

Children and Ages:

Educational Qualifications
(Most recent first)

6. Educational Attainment

<i>Degree</i>	<i>Major</i>	<i>School</i>	<i>Year Graduated</i>	<i>Grade</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Graduate/Post Graduate Course beyond present highest degree

<i>Course Title</i>	<i>Institution</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Record of In-service Training/ Non-degree Programs

<i>Title of Program</i>	<i>Place</i>	<i>Training Institution</i>	<i>Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Record of Study/Scholarship Grants

<i>Title of Study/ Scholarship Grant</i>	<i>Place of Study/ Institution</i>	<i>Sponsoring/ Funding Agency</i>	<i>Inclusive Dates</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Honors /Recognition and Awards

<i>Title</i>	<i>Date Received</i>	<i>Awarding Institution</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional/Work Experience

11. Present Job Position: _____

Job Description: _____

12. Employer: _____

Address: _____

Telephone Nos. _____ Fax Nos. _____

13 Nature of Appointment (*State if Permanent, Regular, Temporary, Contractual, etc.*)

Status

Monthly Salary

14. Length of Service with Present Employer: _____ years

15. Length of Government Service: _____ years

16. Previous Work Experience

Employer

Position

Inclusive Dates

17. Research Projects Completed but not Published

Title

Role in the Project

Inclusive Dates

18. Major Publication (Technical Paper Published)

Title

Where Published

Date

19. Current Scholarship/Fellowship enjoyed. Please specify nature and terms.

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20. Brief Statement of Research Plan after completion of the Degree and the Grant

I hereby declare under penalty of perjury that the foregoing statement are true and correct to the best of my knowledge and belief.

Date

Signature Over Printed Name

IMPORTANT:

- Please do not leave any item unanswered.
- This accomplished form should be accompanied with the following requirements:
 1. Transcript of Academic Records (relative to the degree pursued)
 2. Latest Medical Certificate form licensed Medical Practitioner
 3. Letter of Endorsement from the Head of the Sending

