

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

Alberto G. Romualdez, Jr. Outstanding Health Research Award Nomination Form

1.	. Name of the program or project			
2.	Res	search program or project category (please check)		
		Biomedical Research		
	Biomodical Receasors			
		Health Services Research		
		Tieditii Gervices Nesedron		
2	Λn	swer the following questions:		
J.				
		Year the program or project commenced:		
	b.	Objectives of the program or project:		
				
				
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C.	Impact on Health/Quality of Life:	
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٨	Economic benefits:	
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e.	S&T benefits:	
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or p	Attach <u>signed</u> copies of statements from the technology user(s) and program or project end-user(s) describing the contribution of the technology and program or project in improving health delivery				
	ogram/project leaders d members	Position or title	Address (Institution)	Contact information (phone number)	

7.	Nominator	Position or title	Address (Institution)	Contact information (phone number)
	s is to certify that the i t of my knowledge	information presen	ted above is true	and correct to the
N	lominator's Name and S	Signature	Institu	ution
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		N	otary Public	
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AGREEMENT OF NOMINEE:						
I hereby agı	I hereby agree:					
1.	1. To abide by the rules and regulations of the Board of Judges;					
2.	2. To give additional information as may be requested;					
3.	 To be available should the Board of Judges' deliberation require my presence; 					
4.	4. To receive the Award in person, if selected.					
	omino do Nomo	Cianatura	-			
IN	ominee's Name	Signature				
Mail Nomination to:						
The Regional Consortium Secretariat (Please refer to the attached paper for the list of addresses)						