Annex A

**Nomination Form**

| **Instructions:** This nomination form should be accomplished by a person other than the nominee. Please refer to Part IV of the guidelines for the qualifications of the nominator. Additionally, provide only verified information in the nomination form, certify its correctness by signing the certification in the last page of this form, and convert this form into pdf format prior to submission. Please take note that providing incorrect information may result in the disqualification of the nominee. Please send the nomination form together with the complete requirements **on/before August 14, 2024** at the DOST Regional Office VI, Magsaysay Village, La Paz, Iloilo.**Data Confidentiality and Privacy Notice**The Regional Research, Development and Innovation Committee (RDDIC) Secretariat, Technical Working Group (TWG) of the Regional Research, Development and Innovation (RDI) Awards, and the Board of Judges recognizes their responsibilities under the Data Privacy Act of 2012 (RA 10173) with respect to the data they collect, record, organize, update, use, consolidate or destruct.The personal data obtained through this form is entered and stored within the committee's authorized information and communications system and will only be accessed by RRDIC authorized personnel. The RRDIC has instituted appropriate organizational, technical, and physical security measures to ensure the protection of our stakeholders’ data. Furthermore, the information collected through this form shall only be used only for the purpose of evaluating the nominees for the Regional RDI Awards and any sensitive or proprietary information shall be strictly held confidential.  |
| --- |

Please tick the appropriate category:

☐ **Basic Research**

☐ Social Sciences, Humanities, Education, International Policies and Governance

☐ Physics, Engineering, and Industrial Research, Earth and Space Sciences, and Mathematics

☐ Medical, Chemical and Pharmaceutical Sciences

☐ Biological Sciences, Agriculture, and Forestry

☐ **Applied Research**

☐ **Health Research**

☐ Clinical

☐ Non-Clinical

☐ **Agriculture, Aquatic, and Natural Resources**

☐ Agriculture

☐ Aquatic

☐ **Industry, Energy, and Emerging Technologies**

☐ Industry and Energy

☐ Emerging Technology

☐ **Independent Innovator Award**

| ***Personal Background of the Nominee:*** |
| --- |
| Last Name | First Name | Middle Name | Suffix |
|  |  |  |  |
| Sex |  | Age |  |
| Residential Address: |  |
| Highest Educational Attainment: |  |
| Bachelor’s Degree |  | Master’s Degree |  |
| Doctoral Degree |  | Post-Doctoral/ Others |  |
| Field of Expertise/ Research Interest |  |
| Present Employer/ Institution*(Not applicable for Independent Innovator Award)* |  |
| Present Position*(Not applicable for Independent Innovator Award)* |  |
| Organizations/Affiliations |  |
| How long have you known the nominee? |  | Relationship to the nominee |  |

| ***Major Accomplishments*** *(from 2017 to June 30, 2024)* |
| --- |
| **Notable Research Projects/ Innovation:***(Please include complete title of the research projects/innovation and year of implementation)* | 1.2.3. |
| **Significant Contributions in the Institution related to Research, Development and Innovation:***(Ex. Research facilities established, programs implemented, startups/spin-offs established, etc.)* | 1.2.3. |
| **Research Utilization:***(Ex. Policy-recommendations that were made by the nominee and adopted by a local community or government institution or technologies developed that were commercialized or adopted)* | 1.2. 3. |
| **Notable extension or community works conducted***(If any, please include details of extension work, the name and address of the community/MSME assisted and year of implementation)* | 1.2.3. |
| **Awards and Recognitions Received***(If any, please include the title of the award, name of award-giving body, and year the award was received)* | 1.2.3. |
| **Overall assessment by the nominator of the importance of scientific and technological contributions of the nominee to the region.** |  |

| **CERTIFICATION**I HEREBY CERTIFY that the information provided in this form is **COMPLETE, TRUE****and CORRECT** to the best of my knowledge.I FURTHER CERTIFY that the nominee has **A GOOD MORAL CHARACTER**, with **NO ADMINISTRATIVE OR LEGAL CASE FILED AGAINST HIM/HER**.  |
| --- |
| Click here to enter text.Name and Signature of Nominator | Click here to enter text.Institution |
| Click here to enter text.Position/Designation | Click here to enter text.Email Address |
| Click here to enter text.Contact Number | Click here to enter text.Date prepared |