

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

#### NOMINATION FORM

## **GRUPPO MEDICA Award** For Outstanding Research in Herbal Medicine Attach Photo

1	Nomino (a)			
1	Nominee(s)			
	1			
	Family Name	First Name	MI	
	Home Address			
	Phone # / Cell phone #	Date of Bi	rth	
	Course :	-	duation:	
	2			
	Family Name	First Name	MI	
	Home Address			
	Phone # / Cell phone #	Date of Bi	rth	
	Course :	Expected Year of Gra-	duation:	
	3			
	Family Name	First Name	MI	
	Home Address			
	Phone # / Cell phone #	Date of Bi	Date of Birth	
	Course :	Expected Year of Gra-	duation:	
2	Nominee's Institutional Affiliation			
	Complete Name of School (include College of, Dept of, or Institute of)			
	Complete address of School			
	Phone no (s)	Fax no		

Please use additional sheets if necessary.

### NOMINATION FORM

## GRUPPO MEDICA Award For Outstanding Research in Herbal Medicine

ว	Research Project		
	Project title		
	Date project was started(Month / Year )	Date project was completed _	(Month / Year)
	Objectives		
	Keywords (at least 5)		
	Short Summary of the Project (Describing briefly the literature, methodology describing the subject popular outcome measurements)		
			and a Classes Included BUT and the
	State at least three significant points on how the proje medicinal plants or its contribution to the promotion of commercialization		
	State the weakest and strongest point/s of the thesis.		

#### **Nomination Form**

## GRUPPO MEDICA Award For Outstanding Research in Herbal Medicine

4	Endorsement		
	We hereby endorse the abovementioned project for the GRUPPO MEDICA AWARD.		
	Signature over printed name ADVISER	Signature over printed name <b>DEAN</b>	
	Date	Date	
	Affix seal of college or school		

#### NOTE:

Maximum of three (3) thesis project can be endorsed per school / college. The endorsed thesis project may be published in reputable publications.