

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

## NOMINATION FORM

## DOST-PCHRD-GRUPPO MEDICA Award For Outstanding Undergraduate Thesis in Herbal Medicine

1	Nominee(s)			
	1			
	Family Name	First Name	MI	
	Home Address			Attach 1x1 photo
	Phone # / Cell phone #	Date of Bi	irth	photo
	Course:	_	duation:	_
	2			
	Family Name	First Name	MI	
	Home Address			Attach 1x1 photo
	Phone # / Cell phone #	Date of Bi	irth	photo
	Course :	Expected Year of Grad	duation:	_
	3			
	Family Name	First Name	MI	
	Home Address			Attach 1x1 photo
	Phone # / Cell phone #	Date of B	irth	ļ Pasts
	Course:	Expected Year of Grad	duation:	_
2				
	Nominee's Institutional Affiliation			
	Complete Name of School (include Co	ollege of, Dept of, or Institute of	f)	
	Complete address of School			
	Phone no (s)	Fax no		
<u></u>				

Please use additional sheets if necessary.

3	Research Project
	Project title
	Date project was started Date project was completed (Month / Year ) (Month / Year )
	Objectives
	Keywords (at least 5)
	Tiey words (at least 3)
	Short Summary of the Project (Describing briefly the following: Rationale of the project, brief review of literature, methodology describing the subject population and data collection methods, intervention & outcome measurements)
	State at least three significant points on how the project contributes to the advancement of knowledge on Philippine medicinal plants or its contribution to the promotion of the proper use of medicinal plants and/or its potential for commercialization
	State the weakest and strongest point/s of the thesis.

We hereby endorse the abovementioned project for the DOST-PCHRD-GRUPPO MEDICA Awa for Outstanding Undergraduate Thesis in Herbal Medicine.	
Signature over printed name	Signature over printed name <b>DEAN</b>
ADVISER	

## NOTE:

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