MMHRDC HEALTH RESEARCH EXEMPLAR AWARDS Curriculum Vitae (CV) of the Nominee

Latest ID picture

	nee (Family Name)	(First Name) ((Middle Name)				
2. Permanent Address							
2 Educational be		Citizen	ship				
3. Educational ba	ickground						
Degree	Specialization	School/University	Year Obtained				
4. Employment		1	T				
Year	Name of Employer	Address of Employer	Highest Position				
5. Contact Details 5.a. Telephone number (Office) 5.b. Fax No 5.c. Telephone number (Residence) 5.d. Fax No 5.e. Mobile Number 5.f. Email Address 6. Research involvement in the last 5 years							
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¹thesis, dissertation, institutional research, etc.

²completed, on-going, and other relevant information ex. the advisee/mentee is a recipient of the



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thesis award, etc.

*submit copies of publication or abstracts for unpublished researches in a separate sheet describe the mentoring work done including the contact details of the mentees/advisees

6.b Track Record in Research

6.b.1. Awards / Recognitions / Patents

Ciolai / Walac / Necessitione / Laterite					
Research Title	Date of Publication	As lead author or as co-author	Name of Journal Publication	Index	

^{*}publications (Locally and Internationally Published; peer reviewed)

6.b.2. Awards / Recognitions / Patents

Research/Project Title	Award Received	Award Giving Body	Date Received

^{*}copies of the following must be attached: sample program, certificate of recognition, pictures and abstracts

6.b.3. Papers presented

Research/Project Title	Conference Title	Oral or Poster	Role	Date and Venue	

^{*}copies of abstracts/executive summaries, certificates or conference proceedings of the above projects must be attached

6.b.4. Completed Researches (but not yet published) during the last 3 years

Research/Project Title	Duration	Funding Agency	Role

^{*}copies of abstracts must be attached



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6.c.1. as Professor/Adviser/Panel Member/Critic

Subjects Taught	Name of Institution	Trainees ¹	Date ²

¹indicate categories of mentees: undergraduate level, graduate level, etc.

6.c.2. as Research/ Health-related Policies Advocate

Advocacy	Purpose	Date	Type of Involvement ¹	Audience/ Participants

¹as organizer, resource person, etc.

6.c.3. as Reviewer of Refereed Journal Article/Editor/Member of editorial board/team

Title of Article	Name of Journal	Date Published

^{*}sample article may be attached

6.c.4 as Member of Professional Organization/Network

Name of Networks/Consortia/ Organizations	Participants/ Members	Type of Involvement	Status

^{*}sample document and pictures must be attached (scanned documents/pictures are acceptable)

6.c.5. as Trainer/Resource Person/Lecturer

Topic	Name of Organizer	Participants of the Training <i>Program</i> ¹	Date and Duration of the Training	Venue

²semester/school year

^{*}necessary documents may be attached

^{*}sample program may be attached



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6.c.6. Others (as Research Manager/Director, Coordinator, Evaluator)

Activity	Participants/ Members	Type and Scope of Involvement	Date/Duration of Involvement

^{*}necessary documents may be attached

6.d. Contribution towards a supportive research environment

6.d.1. Providing research opportunities as organizer/initiator of program, project, policy;

as organizer/initiator/member of team for workshops, conferences, training courses

Activity	Participants/ Members	Type and Scope of Involvement	Date/Duration of Involvement

6.d.1. Providing research opportunities as director/chair/administrator for research; as study group leader; as research team leader

Activity	Participants/ Members	Type and Scope of Involvement	Date/Duration of Involvement

6.e. Contribution to MMHRDC Activities

Activity	Role	Date/Duration of Involvement

¹ ex. faculty members, research directors, etc.

^{*}copies of certificates of attendance indicating the roles: reactor/panelist/speaker/resource person



Activity	Role	Date/Duration of Involvement

7. References (with the permission of the identified individuals)

7.a. Mentees/Advisees/Coworker/Staff (at least three)

Name of Mentee/Advisee	Company/Schoo I Affiliation	Company/School Address	Contact Details (email/mobile nos.)

^{*}submit a narrative description (1000-1500 words) of the nominee's contribution to the success of each of the

mentee/advisee in a sealed envelope (by mentees)

7.b. Character References (at least 3)

Name	Company/Schoo I Affiliation	Company/School Address	Contact Details (email/mobile nos.)

^{*}submit recommendation letters in a sealed envelope

8. Personal Statement (1000-1500 words

CONSENT TO PROCESS

I understand that this form is solely for the **MMHRDC Health Research Exemplar Awards** and restricted to MMHRDC Secretariat and Awards Selection and Judging Committee users only.

I understand that all information and files that will be collected is for the use of **MMHRDC Health Research Exemplar Awards** selection and judging process only.

This is to certify that the information given in this CV is true and correct.

Name and Signature of the Nominee	
Date of Submission	-

Submit the accomplished CV with the latest ID picture and the required documents not later than the deadline of submission to the Metro Manila Health Research and Development Secretariat at events.mmhrdc@gmail.com with the E-mail subject – **LASTNAME Affiliation** – **Nominee**