



ATTACH RECENT PHOTO
OF THE NOMINEE HERE

NOMINATION FORM

- Please fill out this form completely and affix all necessary signatures. Write legibly or have it typewritten. Forms are available for download at www.dlsud.edu.ph/parangal
- Submit **two (2)** copies of this form together with the complete attachments at the Office of the Vice Chancellor for Mission, External Affairs, and Advancement on or before **February 10, 2020 (February 13 – Larangan ng Pagtuturo)**.

CERTIFICATION BY THE NOMINEE *(to be filled out by the nominee)*

NOMINEE'S INFORMATION					
Name of Nominee <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> ORGANIZATION		Name of Organization/ Last Name		Given Name	
Category (check one)		HOME ADDRESS		MIDDLE NAME	
<input type="checkbox"/> Lingkod		NICKNAME		BIRTHDAY	
<input type="checkbox"/> Kalikasan		SPOUSE		No. of Children	
<input type="checkbox"/> Kooperatiba		MOBILE		TELEPHONE	
<input type="checkbox"/> Negosyo		EMAIL		DEGREE EARNED	
<input type="checkbox"/> Guro ○ Elementary ○ Secondary		HIGHEST EDUCATIONAL ATTAINMENT		SCHOOL	
<input type="checkbox"/> Natatanging Pulis ○ Commissioned ○ Non-commissioned		SERVICE INFORMATION			
<input type="checkbox"/> Gawad Bayani		POSITION/RANK		INSTITUTION	
		No. of years in Service			
		Specific Field of Specialization			

TO DE LA SALLE UNIVERSITY - DASMARIÑAS:

This is to certify that I voluntarily submit myself to the rules of DLSU-D Gawad Caviteño
I agree to provide the supporting documents and hereby authorize the University to verify the same and to conduct background investigation. I also certify that I am physically fit to undergo the evaluation process of the search.

In this regard, I hereby exempt, discharge, release and free De La Salle University–Dasmariñas, its administrators, faculty and staff, and the judges from any claim or liability arising from my participation in this search. I hereby certify to the best of my knowledge that all the information contained in this form are true and correct. I am aware that any willful misrepresentation of facts stated herein can be used as basis for my disqualification.

SIGNED THIS DAY OF _____ at _____
DATE PLACE

PRINTED NAME AND SIGNATURE OF NOMINEE

NOMINATOR'S INFORMATION

NAME OF NOMINATOR <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> ORGANIZATION				Name of Organization/Last Name		Given Name		Middle Name	
COMPLETE ADDRESS									
NAME OF INSTITUTION						POSITION/RANK			
PHONE NO.			FAX		EMAIL				

IN LESS THAN 500 WORDS, WHY DO YOU BELIEVE THE NOMINEE DESERVES THE AWARD?

As the nominator, I hereby certify that I voluntarily submit myself to the rules of DLSU-D Gawad Caviteño. All the information contained in this form are true and correct to the best of my knowledge. I am aware that any willful misrepresentation of facts stated herein can be used as basis for our nominee's disqualification.

I further certify that _____ is the official nominee of our institution in this search.

DATE

Signature Over Printed Name of Nominator

IMPORTANT DATES TO REMEMBER

February 10, 2020	Deadline of submission of nomination forms and complete attachments.
February 13, 2020	Deadline of submission of nomination forms and complete attachments (<i>Larangan ng Pagtuturo</i>).
February 17, 2020	Interview of finalists
March 19, 2020	Awarding ceremony

For further inquiries, kindly contact **(02) 779-5180, (046) 481.1900 locals 3031 and 3202** or email mcodlsud@dlsud.edu.ph Soft copy of this form is available for download at www.dlsud.edu.ph/parangal.