



Research and Grants Management Office

For EGMO staff

TERMS OF REFERENCE (for Non-DLSU Faculty only)

Name:	<input type="text"/>	Project Role/Position:	<input type="text"/>
Date of birth:	<input type="text"/>	Course/Degree:	<input type="text"/>
TIN:	<input type="text"/>	Address:	<input type="text"/>
Amount of Honorarium:	<input type="text"/>	Appointment Duration:	<input type="text"/>
Project Title:	<input type="text"/>		
Name of Project Leader:	<input type="text"/>	Project Account Number:	<input type="text"/>
Project Objectives:	<input type="text"/>		
Responsibilities of <input type="checkbox"/> Project Member <input type="checkbox"/> Project Leader <input type="checkbox"/> Consultant			
<input type="text"/>			
Implementing Center/Institution:	<input type="text"/>		

- *Note: 1. The Research Center has to make sure that the appropriate project funds are available to support the honorarium of the said Project Member/ Project Leader.
2. To the best of your knowledge, do you have any relatives, by blood or marriage, within the 4th civil degree who were hired or engaged in the past and present by the university in whatever capacity? ____
- If yes, Name _____ Relationship _____

Relatives up to the 4th degree of affinity (in-laws) or consanguinity (blood relatives) in the same project are not allowed.

Signature over Printed Name

CONFORME:	_____	_____	_____	_____
		Date	Project Leader	Date
NOTED BY:	_____	_____	_____	_____
	Center Director	Date	<u>Ms. Ma. Ingres C. Palmes</u> EGMO Director	Date
	<u>Dr. Feorillo Demeterio III</u> RGMO Executive Director	Date	<u>Dr. Raymond R. Tan</u> VPRI	Date