



Office of the Research and Grants Management

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For EGMO Staff

TERMS OF REFERENCE (for DLSU Faculty Members only)

Name: [] Project Role/Position: []

Date of birth: [] Course/Degree: []

Amount of Honorarium: [] Appointment Duration: []

Project Title: []

Name of Project Leader: [] Project Account Number: []

Project Objectives:

[Large empty box for Project Objectives]

Responsibilities of Δ Project Member Δ Project Leader Δ Consultant

[Large empty box for Responsibilities]

Implementing Center/Institution: []

- *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:

____ Date Ms. Ma. Inores. C. Palmes EGMO Director Date

____ Date Dr. Feorillo Demeterio III RGMO Executive Director Date Dr. Raymond R. Tan VPRI Date