

DOST Accelerated S&T Human Resource Development Program

Name of Applicant: MONABEL APAO

Date: 10/2

Priority Areas	Score	Remarks
Earth Science/Meteorology	5	
Remote Sensing	5	
Microelectronics	5	
Bioinformatics	5	
Computer Science	4	
Biotechnology/Genetics/Biochemistry	4	
Materials Science	4	
Chemistry/Physics	3	
Statistics/Mathematics	2	
Academic Performance		
with honors	5	
1.5 up	4	
1.9-1.6	3	
2.0-2.5	2	
Institution		
UP, ADMU, DLSU	5	
UST, MSU-IIT, USC, MIT, SLU	4	
Ateneo Schools, SU	3	
Others	2	
Research Experience		
With research experience in a research project	5	
Individual thesis	4	
Group thesis	3	
Project Study	2	
Career Plans		
Research-oriented	5	
Industry and research	4	
Teaching and research	3	
Teaching/Industry	2	
Age		
Below 40	5	
40-45	3	
Category		
Lateral	5	
Regular	3	

TOTAL 27 X 2 = 54

INTERVIEW SCORE 28

FINAL SCORE: 72

w/reg form
w/prog of study

INFORMATION SHEET
for the

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM
2008-2009 GRADUATE SCIENCE AND TECHNOLOGY SCHOLARSHIPS

TYPE OF SCHOLARSHIP APPLIED FOR:

- ☒ MS ☐ PhD ☐ Thesis Grant ☐ Dissertation Grant ☐ Research Enrichment Program

FORM A

I. PERSONAL INFORMATION

a. APAD MONABEL MAY UADA
Last Name First Name Middle Name

b. BLK 20 LOT 10 TINGAO BEL AIR SUBD. PRK 5-A MINEBALIT, BUKU-VN, ILIGAN CITY, LGN
Permanent Address No. Street District City/Municipality Province

c. 9200 00354507 / 0327-9453263 PRIVILEGE_HILCOM@MAYOR.COM
Zip Code Passport No. E-mail Address

d. BLK 20 LOT 10 TINGAO BEL AIR SUBD. PRK 5-A MINEBALIT, BUKU-VN, ILIGAN CITY, LGN
Mailing Address

e. 00354507 / 0327-9453263
Telephone Nos. (Landline/Mobile) Fax No.

f. SINGLE MAY 01 1982 20 FEMALE
Civil Status Date of Birth Age Sex

g. ROBERTO T APAD MARINA D. APAD
Name of Parents (Father) (Mother)

BLK 20 LOT 10 TINGAO BEL AIR SUBD. PRK 5-A MINEBALIT, BUKU-VN, ILIGAN CITY, LGN
Address

II. INFORMATION ON SCHOLARSHIP PREVIOUSLY AVAILED
(If not availed, skip this part and proceed to Part III)

a. Scholarship Program (Please check) b. Year of Award
() RA 7687 Scholarship Program
() DOST-SEI Merit Scholarship Program
() Junior Level Assistance Program in Engineering (JLAP)
() DOST Council, please specify

c. Course/Degree On-going: Year Level:
Completed:

d. University:

III. GRADUATE SCHOLARSHIP INTENTION DATA

New Entrant

a. University where you intend to enroll for graduate studies MSU - ILIGAN INSTITUTE

b. Course/Degree MASTER OF SCIENCE MAJOR IN BIOLOGY

Lateral Entrant

a. University enrolled in

b. Course Degree

c. Number of units earned d. Semester/Term of last

Thesis/Dissertation

Has your research topic been approved by the panel? ☒ Yes MS of Schizochytrium sp. (F0601 strain)

Title FRACTIONATION AND QUANTITATIVE ANALYSIS OF DIFFERENT LIPID

Date of last enrollment in thesis/dissertation NOVEMBER 2007

EMPLOYMENT INFORMATION

☐ Self-employed
☐ Status ☐ Permanent ☐ Contractual ☐ Probationary
☐ Unemployed ☒

a.1 For those who are presently employed

Position Length of Service
 Name of Company/Office
 Address of Company/Office
 E-mail Website
 Telephone No. Fax No.

a.2 For those who are self-employed

Business Name
 Address
 Email/Website Telephone No. Fax No.
 Type of Business Years of Operation

V. CURRENT PROFESSIONAL AFFILIATIONS (Use additional sheet if necessary)

ORGANIZATION NAME	ADDRESS	POSITION	DURATION

VI. PUBLICATIONS (last five years)

Use additional sheet if necessary.

TITLE OF ARTICLE/PUBLICATION	PLACE/TIME OF PUBLICATION	NATURE OF INVOLVEMENT

VII. RESEARCH AND DEVELOPMENT INVOLVEMENT (last five years)

Use additional sheet if necessary.

FIELD AND TITLE OF RESEARCH	LOCATION/DURATION	FUND SOURCE	NATURE OF INVOLVEMENT
SURVEY ON THE HEALTH MANAGEMENT		OFFICE OF THE DEPUTY CHIEF	MEMBER, PRE-SAMPLING TEAM
TRIAL ON THE EFFECT OF		BUREAU OF LILIAN CITY II	AND EVALUATOR
		COOPERATION WITH	

VIII. AWARDS RECEIVED

I hereby certify that all answers given above are true and correct to the best of my knowledge.

Signature of Applicant

Date SEPTEMBER 9, 2008

FORM B

VIII. CERTIFICATION OF HEALTH STATUS

SEPT. 08, 2008

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined MONABEL MAY APAO and found him/her to be physically and mentally fit to undertake graduate studies.

This certification is issued in connection with his/her application for the 2008-2009 Graduate S&T Scholarships under the DOST Accelerated S & T HRD Program.

CITY HEALTH OFFICE
 Health Agency/Hospital
 AGUIBALDO ST. PALA-O, ILIGAN CITY
 Address

100/70 mmHg

LIVER J. WILLARIN, M.D.
 Name (Print) and Signature of Medical Officer
 CITY HEALTH OFFICER II / 50481
 Official Designation/License No.

CHECKLIST OF REQUIRED DOCUMENTS SUBMITTED (for staff use only)

Accomplished Information Sheet			
Certified True Copy of the Transcript of Records		Certification from any government physician as to health status. (Form B)	Certification of Admission in the Straight Program or Regular Program of the University*
Recommendation from three former professors in college or supervisors (if employed)		NBI Clearance	Program of study approved by the Graduate School*
		One passport size picture	* to be submitted as a requirement for the awarding of the graduate scholarship grant once qualified

Deadline for Submission of Application March 31, 2008

