



Republic of the Philippines
DEPARTMENT OF SCIENCE AND TECHNOLOGY



Balik Scientist Program Application

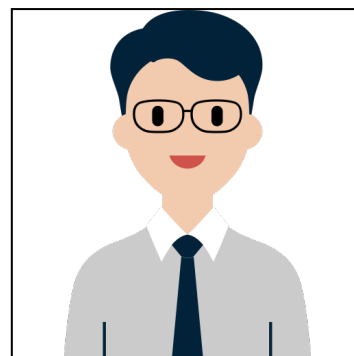
*CATEGORY: ☒ NEW

☐ SUBSEQUENT, indicate number of previous engagement(s) _____

*TYPE OF ENGAGEMENT: ☒ SHORT-TERM ☐ MEDIUM-TERM ☐ LONG-TERM

Part I. Applicant's Information

(1) *Name: Surname Perez
First Emman
Name Extension (e.g. Jr., Sr.) N.A.
Middle Torres



* For married women, indicate maiden name: N.A.

(2) *Sex: ☒ Male ☐ Female

(3) *Civil Status: ☒ Single ☐ Married ☐ Widowed
☐ Divorced ☐ Other: _____

(4) *Citizenship: ☒ Filipino ☐ Others, pls. specify _____

(5) *Email Address: olwenrepulleza@gmail.com

(6) *Contact Number/s: 09876567

(7) *Postal Address: Manila

(8) *Type of current Philippine visa: Tourist

(8a) *Valid until: Apr 14, 2027

(9) *Please identify contact persons in the Philippines:

*Name: Linna Mantos

*Address: Manila

*E-mail Address: exam@example.com

(10) * For Long-Term engagement, pls. indicate name of dependents:

Name	Relationship to the applicant	Birthdate	Sex

(Continue on separate sheet if necessary)

*** Part II. Host Institution Information**

- (1) * Name of Institution: _____
- (2) * Postal Address: _____
- (3) * Contact Numbers: _____
- (4) * Contact Person/Designation: _____

*** Part III.** Identify support needed from the Host Institution to implement the proposed engagement (such as but not limited to supplies, support facilities, laboratory equipment, etc.)

Support needed	Details
(Continue on separate sheet if necessary)	

For applicant who have several Hosts, please submit separate Part II and III for each Host.

*** Part IV. Unfulfilled Service Obligation** - I declare that I, as an applicant to the Balik Scientist Program DO NOT have any pending or unfulfilled service obligation/required home-residency in the likes of scholarships, grants, exchange visiting program, etc. pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall be grounds for disapproval of the application.

*** Part V. DATA PRIVACY CONSENT** - By signing this application form, I acknowledge and consent the processing of personal information/data provided herein, subject to compliance with applicable laws and regulations. I further consent to the sharing and processing by the COUNCIL and the HOST INSTITUTION of my personal information/data, for purposes relating to my proposed engagement.

I hereby agree to release the COUNCIL and the HOST INSTITUTION, and their officials/authorized representatives from every and all liability whether direct or indirect, special or consequential arising out of such personal information/data in connection with my proposed engagement and dealings and/or transactions with the COUNCIL and the HOST INSTITUTION.

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

* Date of Application

* Signature over Printed Name of Applicant

Conforme:

* Date

* Signature over Printed Name of
Head or Authorized Representative of Host Institution

Documentary requirements:

1. Accomplished BSP Application Form
2. Terms of Reference (TOR) appropriate to the engagement
3. Endorsement letter from the Host Institution(s)
4. Medical Certificate
5. Copy of passport and page with stamp of the most recent date of arrival (for non-Filipino passport holders, submit proof of Filipino descent i.e., birth certificate, sworn statement)
6. Copy of diploma or transcript of record or certificate of academic achievement(s) from a credible local or international public/private institution/association
7. Detailed/Updated Curriculum Vitae (to include Educational Background, Field of Specialization, Areas of Research Interest, Professional/Employment/Work History including significant scientific, technological and/or entrepreneurial activities undertaken, Significant achievements (up to 3) made related to your expertise or profession, Relevant trainings, and fellowship or Grants)
8. For subsequent visit:
 - justification by the host institution for the subsequent engagement

**Required fields.*