**ANNEX 2**



RIC Form No. 03

Series of 2019

**2019 REGIONAL INVENTION CONTESTS AND EXHIBITS**

**For Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E N T R Y F O R M**

**SIBOL AWARD**

***(Student Creative Research Category)***

**CHECKLIST OF REQUIREMENTS PER ENTRY**

1 copy of *ENTRY FORM*

1 copy of *DETAILED INFORMATION/DESCRIPTION OF THE ENTRY*

1 copy of Certification that their work is their own, new and original

1 copy of *WAIVER*

1. **TITLE OF ENTRY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **LEVEL**

( ) High School ( ) College

1. **NAME OF AGE YEAR ADDRESS TEL./FAX NO. CELLPHONE E-MAIL**

**CONTESTANT ADDRESS**

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1. **SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No. \_\_\_\_\_\_\_\_\_ Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the entry been part of any contest before? **( ) YES ( ) NO**

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the entry won any major prize (i.e. 1st, 2nd, 3rd prize) in any Sibol Award in the past? **If yes**, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In separate sheet/s please submit detailed information/description of entry (may include the technological and economic advantages of the entry over existing similar products, devices, machines or processes).



1. Please indicate approximate size/dimensions of working model/prototype/ products/exhibit materials and special requirements, if any.
2. Contestants are required to execute a Waiver ***(RIC Form No. 04 - Waiver Form)*** which forms part of this entry. Entries without waivers are automatically disqualified. Please use attached form.

**I / WE HEREBY CERTIFY** that the above answers given above are true and correct to the best of our knowledge and belief. Any fraudulent information provided will be a ground for disqualification or withdrawal of the award.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Adviser/s Contestant/s**

**Endorsed By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name & Signature**

**of Endorsing Official/Position**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL ADDRESS TEL./FAX NO.**

**SUBSCRIBED AND SWORN TO** before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 2019, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines, affiant \_\_\_\_\_\_\_\_\_\_\_, exhibiting his proof of identity as above stated.

Doc. No.: \_\_\_\_\_\_\_\_

Page No.:\_\_\_\_\_\_\_\_

Book No.:\_\_\_\_\_\_\_\_

Series of 2019

**Note:**

***Please submit this form together with the accomplished waiver form to the organizing DOST Regional Office not later than 5:00 p.m., on the Deadline of Submission of Entries.***

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