**DIVISION RESEARCH TECHNICAL WORKING GROUP (DRTWG) MEMBER PROFILE**

|  |
| --- |
| **Part I. Personal Information** |
| Name:  |
| Residence Address: | Passport Size ID |
| Business Address: |
| Landline No.: Mobile No.: Email Add.: |
| Age: |
| Gender:  |
| Nationality/Citizenship:  |
|  |
| **Part II. Track Record** |
| Major Competency Areas | Specialization | Sub-Specialization |
|  |  |
| Relevant Research Seminars/Training Programs **Conducted/Facilitated** in the last 3 years |
| Date | Title of the Program | Role | Participants |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Relevant Research Seminars/Training Programs **Attended/Participated**in the last 3 years |
| Date | Title of the Program | Role | Participants |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Major Achievements, Citations, Recognition and Awards** |
| Date | Title | Awarding Body |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Part III. Education and Employment**  |
| Educational Background | Name of School/University | Address | Inclusive Dates | Degree Earned |
| Undergraduate |  |  |  |  |
| Post-Graduate |  |  |  |  |
|  |  |  |  |
| Work Experience: Five (5) most recent | Position | Agency/Company | Inclusive Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Part IV. Other Relevant Information** (Use separate sheet for additional information.) |
| Profession/s | (Eligibility) | License No. |  | Issued on: |  | Valid until: |  |
| Other Major Affiliations (Professional, Civic, etc.) | National/Chapter | Position: | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| I hereby certify that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize Schools Division Research Committee and other agencies to investigate the authenticity of all the documents presented.I am agreeing to the SDRC Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto. Signature Over Printed NameDate | License ID (Screenshot) |

**05 March 2025**

**ORLANDO E. MANUEL PhD, CESO V**

Schools Division Superintendent

Adviser, Schools Division Research Committee (SDRC)

 Attention: **ADONIS C. CEPEREZ EdD, CESE**

 Assistant Schools Division Superintendent

 Chairman, Schools Division Research Committee

**Sir:**

Greetings in the parlance of quality public service.

This is to respectfully recommend (Name of DRTWG) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to become a member of the Division Research Technical Working Group (DRTWG) who will assist the Schools Division Research Committee (SDRC) in the implementation of the Research Management activities.

Mr/Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is equipped with the necessary skills and competencies required to become a member of DRTWG. Further, he/she has the facilitating skills that can provide technical assistance to research enthusiasts of the Schools Division of Nueva Vizcaya.

You may refer to his/her attached resume/profile.

Thank you.

Respectfully yours,

Signature Overprinted Name (School Head/PSDS/DIC)