



DEPARTMENT OF HEALTH  
NATIONAL CENTER FOR MENTAL HEALTH  
PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE  
REQUEST FOR RESEARCH GRANT (FORM A)

PETRO Request  
for Research  
Grant  
Rev. 0  
22 Oct 2021

<b>Date of Application :</b>	
<b>Title of Project :</b>	
<b>Approved timeline of Research :</b>	<i>From :</i>
	<i>To :</i>
<b>Total Amount of Grant Request :</b> <i>(Provide justification for grant request higher than 50,000.00 php)</i>	
<b>Contact details of requesting applicant :</b>	<i>(Contact Number)</i>
	<i>(Email address)</i>

Submitted by:

\_\_\_\_\_  
Signature over Printed Name of Applicant

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**TO BE FILLED OUT BY PETRO:**

*Recommended for Approval:*

YES     with comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**TERESA ROSALIE D. DEL VALLE, MD, FPPA, MMHoA**  
Chief, PETRO

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With comments:

Approved:

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**NOEL V. REYES, MD, FPPA, MMHoA**  
Medical Center Chief II