

**2017 REGIONAL INVENTION CONTESTS AND EXHIBITS
DOST Region 7, June 22-22, 2017 @ Waterfront Hotel, Lahug, Cebu City**

E N T R Y F O R M

**INVENTION, UTILITY MODEL, INDUSTRIAL DESIGN
AND CREATIVE RESEARCH CATEGORIES**

CHECKLIST OF REQUIREMENTS PER ENTRY

- 6 copies of *ENTRY FORMS*
 6 copies of *DETAILED INFORMATION/DESCRIPTION OF THE ENTRY*
 6 copies of **complete** *PATENT/UM/ID REGISTRATION DOCUMENTS*
(for invention, utility model and industrial design categories only)
6 copies of Certification that their work is their own, new and original
(For entries in the Creative Research Category)
 6 copies of *WAIVERS*

1. CATEGORY (Please check)

- INVENTION INDUSTRIAL DESIGN
 UTILITY MODEL CREATIVE RESEARCH

2. NAME OF CONTESTANT	AGE	EDUCATIONAL ATTAINMENT	ADDRESS	TEL./FAX NO. CELLPHONE/ E-MAIL ADDRESS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. TITLE OF ENTRY: _____

4. PATENT/UM/ID REGISTRATION NO.: _____
 (For invention, utility model and industrial design categories only). **Please submit 6 copies of complete patent/registration documents)**

5. STATUS OF ENTRY: Please check. Use separate sheet for description/ additional information requested.

- Already in the market. Please indicate number of units produced/sold, price per unit, etc. _____
 Process being used commercially. Please give details: _____

- Bench scale Development Stage Not yet commercialized
 With prototype Without prototype

6. Has the entry been part of any contest before? **() YES () NO**
 If yes, where _____ when? _____

7. Has the entry won any major prize (i.e. 1st, 2nd, 3rd prize) in any national/ regional cluster invention contest organized by DOST-TAPI in the past?
 If yes, please specify _____

8. 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).

9. Please indicate approximate size/dimensions of working model/prototype/ products/exhibit materials and special requirements, if any.

10. Contestants are required to execute a Waiver (RIC Form No. 02 – 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.

Contestant/s

Date Signed _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 2017, at _____, Philippines, affiant _____, exhibiting his/her proof of identity as above stated.

Doc. No.: _____
 Page No.: _____
 Book No.: _____
 Series of 2017

Note: Please submit this form together with the accomplished waiver form to DOST Regional Office VII, Sudlon, Lahug, Cebu City not later than 5:00 p.m., on May 31, 2017.

RIC Form No. 03
Series of 2017

**2017 REGIONAL INVENTION CONTESTS AND EXHIBITS
DOST Region 7, June 22-22, 2017 @ Waterfront Hotel, Lahug, Cebu City**

ENTRY FORM

**SIBOL AWARD
(Student Creative Research Category)**

CHECKLIST OF REQUIREMENTS PER ENTRY

6 copies of *ENTRY FORMS*
6 copies of *DETAILED INFORMATION/DESCRIPTION OF THE ENTRY*
6 copies of Certification that their work is their own, new and original
6 copies of *WAIVERS*

1. **TITLE OF ENTRY:** _____

2. **LEVEL**

() High School

() College

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

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. **SCHOOL:** _____

Address: _____

Head: _____ Tel No. _____ Fax No. _____

5. Has the entry been part of any contest before? () **YES** () **NO**
If yes, where? _____ when? _____

5 Has the entry won any major prize (i.e. 1st, 2nd, 3rd prize) in any Sibol Award in the past? **If yes**, please specify _____

- 6 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).
- 7 Please indicate approximate size/dimensions of working model/prototype/ products/exhibit materials and special requirements, if any.
- 8 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.

Adviser/s

Contestant/s

Endorsed By:

**Printed Name & Signature
 of Endorsing Official/Position**

SCHOOL	ADDRESS	TEL./FAX NO.
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SUBSCRIBED AND SWORN TO before me this _____ day of _____ 2017, at _____, Philippines, affiant _____, exhibiting his proof of identity as above stated.

Doc. No.: _____
 Page No.: _____
 Book No.: _____
 Series of 2017

Note: Please submit this form together with the accomplished waiver form to DOST Regional Office VII, Sudlon, Lahug, Cebu City not later than 5:00 p.m., on June 5, 2017.

**2017 REGIONAL INVENTION CONTESTS AND EXHIBITS
DOST Region 7, June 22-22, 2017 @ Waterfront Hotel, Lahug, Cebu City**

W A I V E R

KNOWN ALL MEN BY THESE PRESENTS:

That I/WE, _____
contestant/s in the **Regional Invention Contest** with the entry, entitled with
_____ with
Patent/UM/ID Registration No. _____ under the _____
(*Invention, Utility Model, Industrial Design and Creative Research*) category hereby state
that I/we are aware of all the rules and regulations set forth in the Contest.

By virtue hereof, I/we shall abide by the decision of the Panel of Judges and hereby
waive whatever cause of action which I/we have or may hereafter have against the members
of the Panel of Judges, the Department of Science and Technology Regional Office 7
(DOST RO7), the Technology Application and Promotion Institute (TAPI) and their
employees that may arise from or relative to the conduct, results, etc. of the Contest.

IN WITNESS WHEREOF, I/we have hereunto set our hands on this _____ day
of _____, 2017 at _____.

Contestant/s*

* For Group work, all members must sign.

Signed in the presence of:

Witness
Address: _____

Witness
Address: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 2017, at
_____, Philippines, affiant _____, exhibiting his proof of
identity as above stated.

Doc. No.: _____
Page No.: _____
Book No.: _____
Series of 2017

**Note: Please submit this form together with the accomplished waiver form to DOST Regional
Office VII, Sudlon, Lahug, Cebu City not later than 5:00 p.m., on May 31, 2017.**

RIC Form No. 04
Series of 2017

**2017 REGIONAL INVENTION CONTESTS AND EXHIBITS
DOST Region 7, June 22-22, 2017 @ Waterfront Hotel, Lahug, Cebu City**

W A I V E R

KNOWN ALL MEN BY THESE PRESENTS:

That I/WE, _____
contestant/s in the **SIBOL AWARD (Outstanding Student Creative Research)** with the
entry, entitled _____ hereby state that
I/we are aware of all the rules and regulations set forth in the Contest.

By virtue hereof, I/we shall abide by the decision of the Panel of Judges and hereby
waive whatever cause of action which I/we have or may hereafter have against the members
of the Panel of Judges, the Department of Science and Technology Regional Office 7
(DOST RO7), the Technology Application and Promotion Institute (TAPI) and their
employees that may arise from or relative to the conduct, results, etc. of the Contest.

IN WITNESS WHEREOF, I/we have hereunto set our hands on this _____ day
of _____, 2017 at _____.

Adviser/s

Contestant/s*

*** For Group work, all members must sign.**
Signed in the presence of:

Witness
Address: _____

Witness
Address: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 2017, at
_____, Philippines, affiant _____, exhibiting his proof of
identity as above stated.

Doc. No.: _____
Page No.: _____
Book No.: _____
Series of 2017

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RIC Form No. 05
Series of 2017

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C E R T I F I C A T I O N

KNOWN ALL MEN BY THESE PRESENTS:

That I/WE, _____
contestant/s in the **Creative Research Category (Likha Award)** with the entry, entitled _____ hereby certify that our entry is our own and that to the best of our knowledge, it is new and original. I/We further certify my/our commitment to avail **TAPI's Intellectual Property Rights Assistance Program** to protect my/our research, as well as other applicable programs of assistance of TAPI to test and commercialize my/our research.

IN WITNESS WHEREOF, I/we have hereunto set our hands on this _____ day of _____, 2017 at _____.

Contestant/s*

*** For Group work, all members must sign.**

Signed in the presence of:

Witness
Address: _____

Witness
Address: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 2017, at _____, Philippines, affiant _____, exhibiting his proof of identity as above stated.

Doc. No.: _____
Page No.: _____
Book No.: _____
Series of 2017

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RIC Form No. 06
Series of 2017

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DOST Region 7, June 22-22, 2017 @ Waterfront Hotel, Lahug, Cebu City**

C E R T I F I C A T I O N

KNOWN ALL MEN BY THESE PRESENTS:

That I/WE, _____
contestant/s in the **Student Creative Research Category (Sibol Award)** with the entry,
entitled _____ hereby certify that our
entry is our own and that to the best of our knowledge, it is new and original. I/We further
certify my/our commitment to avail **TAPI's Intellectual Property Rights Assistance
Program** to protect my/our research, as well as other applicable programs of assistance of
TAPI to test and commercialize my/our research.

IN WITNESS WHEREOF, I/we have hereunto set our hands on this _____ day
of _____, 2017 at _____.

Adviser/s

Contestant/s*

*** For Group work, all members must sign.**

Signed in the presence of:

Witness

Address:

Witness

Address:

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 2017, at
_____, Philippines, affiant _____, exhibiting his proof of identity as
above stated.

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