**Nomination Form 2 – Gawad Bituin**

**Group Category**

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| **Group Category:** | |
| **THE NOMINEE** | |
| **Functional Division/ Section/Unit/ Office:** | |
| **Telephone Number:** | **DepEd Email Address:** |
| **OFFICE/DIVISION HEAD** | |
| **Name:** | **Sex:** |
| **Designation:** | |
| **Telephone/Mobile No:** | |
| **DepEd Email Address:** | |
| **NOMINATOR** | |
| **Name:** | **Position:** |
| **Office:** | **Telephone No.** |
| **Email Address:** | |
| **ADDITIONAL INFORMATION ABOUT THE NOMINEE** | |
| Was your FD/ Unit/Section/office a previous Gawad Bituin *Yes No* If yes, what year?\_\_\_\_\_\_\_  What award category? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Was your FD/ Unit/Section/office a previous Gawad Bituin Semi-finalist? *Yes No* If yes, what year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  What award category? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Was your SDO a previous FD/ Unit/Section/office a previous Gawad Bituin Winner? *Yes No* If yes, *w*hat year? \_\_\_\_\_\_\_\_  What award category? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Nomination write-up***(Maximum of 10 pages, A4 size bond paper, Century Gothic #11 font, including executive summary)*

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| **FD/Section/Unit/Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **I. Executive Summary** (Description of why the division is deserving of the award.) |
| **II. Significant Accomplishment/s within the year (FY 2021)**  (Description of the Outstanding Accomplishment/Innovation of division or section or unit that impacted the performance of the office with relevance to the current situation. Indicate problems addressed, people/office benefited, and transactions facilitated. Indicate that the accomplishments are part of the nominee’s regular functions/mandate or the product of the team’s initiative. Justify why the accomplishments are considered exemplary or extraordinary.) |

**CERTIFICATION**

We attest to all facts contained herein and authorize the use of these information for publication. We understand that the Regional PRAISE Committee will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation. Any misrepresentation made by the signatories shall be a ground for disciplinary action pursuant to applicable CSC laws and rules.

PRINTED NAME AND SIGNATURE

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

Office/FD/Section/Unit Head