UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

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**UPLB BASIC RESEARCH PROGRAM**

**ANNUAL/ PROGRESS REPORT FORM**

(Revised, 2021)

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| **Note:** This form is to be used in preparing and submitting the annual report of a study funded under the UPLB Basic Research Program. This must be submitted in one (1) electronic copy to documents\_ovcre.uplb@up.edu.ph. Text should be in Point 10 Arial font. Annual reports should be submitted through channels. |
| **A. BASIC INFORMATION** |
| 1. Title | 2. Annual Progress Report No. \_\_\_\_\_(Indicate if No. 1, 2 or so) | 3. Period covered by the report(Indicate dates) |
| 4. Author (s) of the report |
| Name (s) | Designation (s) | Department/ Institute/ College |
| 5. List of assisting technical and non-technical personnel |
| Name (s) and designation (s) | Areas of research/ duties | Compensation given |
| 6. Cooperating Agency (ies), if any |
| Name of Agency (ies) | Address (es) |
| 7. Date of implementation |
| Date project started | Expected date of completion |
| 8. Project funding |
| Amount approved for the year | Amount released | Balance for the year | Amount disbursed |
| **B. TECHNICAL DESCRIPTION** |
| 9. Project background |
| 10.Objectives (vis-à-vis) percent accomplishment for the entire project duration |
| Objectives of the study(Itemize overall objectives as approved by the Evaluation Committee) | Percent accomplishment(Indicate overall accomplishment in terms of percentage on the specific objective) |
| 11. Methodology(State procedures, conceptual framework and/or methodology used. If possible, present research design, questionnaires used, sampling procedures/techniques, etc.). |
| 12. Accomplishments and major findings (Accomplish an exhaustive narrative report, at least 10 pages on the progress of the work. Include relevant tables and figures.) |
| 13. Project Summary (accomplish in Point 8 Arial font) |
| Specific Objectives | Activities | Output/ Milestones | DateAccomplished(d/m/y) | Budget |
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| 14. Plan of activities for the coming year (accomplish in Point 8 Arial font) |
|  | Gantt Chart |
| Activity No. | Major activities | Planned start(d/m/y) | Planned end(d/m/y) | Duration in months | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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| 15. Original work plan (accomplish in Point 8 Arial font) |
|  | Gantt Chart |
| Activity No. | Major activities | Planned start(d/m/y) | Planned end(d/m/y) | Duration in months | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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| **C. Project management** |
| 16. Last year’s comments of evaluators and action taken, if applicable |
| Comments | Action taken |
| 17. Problems encountered and recommendations |
| Problems (State encountered problems related to administrative processes, research implementation, infrastructure and equipment reliability, among others) | Recommendations(State constructive comments on how to improve research implementation and monitoring) |
| **D. ENDORSEMENTS** |
| To be filled up by the proponent/ author |
| *Submitted by:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proponent’s Name and Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| To be filled up by the immediate supervisor |
| *Noted by:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Name and Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| To be filled up by the College Dean or Research Institute Director |
| *Noted by:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| To be filled up by the receiving personnel of the OVCRE |
| *Received by:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receiving ClerkOVCRE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |