University of the Philippines Manila College of Medicine Alumni Information Sheet

**PLEASE ANSWER THE FORM AS COMPLETELY AS POSSIBLE**

**DATA WILL BE STORED IN AN ELECTRIC ALUMNI DIRECTORY.**

|  |  |
| --- | --- |
| Surname First Name Middle Name | Nickname |
| Birthdate YYYY/MM/DD | * Male
* Female
 | Region | Class | UPMAS Life Member* Yes
* No
 |
| Field/s of medical practice/expertise | Field/s of practice other than medicine |
| Hobbies, Interest | Talents |
| Work Address (es) | Phone |
| Home Address | Phone |
| Cellphone | Fax | Email | Website |
| Spouse’s Name | Birthdate YYYY/MM/DD | Occupation |
| Children’s Name | Birthdates YYYY/MM/DD | Educational Attainment/ School |
| Signature | Date |

**A COPY OF YOUR LATEST CURRICULUM VITAE WILL BE MOST APPRECIATED. PLEASE SEE SUGGESTED OUTLINE AT THE BACK.**

Please send accomplished form and curriculum vitae to:

 **Admissions Office**

College of Medicine

 University of the Philippines

 547 Pedro Gil St., Ermita, Manila

 Tele/fax: 8536-1368

 Email: cmadmissions.upmanila@up.edu.ph

Thank you.