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.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:cmadmissions.upmanila@up.edu.ph)

Thank you.