

DAVAO MEDICAL SCHOOL FOUNDATION

BAJADA, DAVAO CITY, PHILIPPINES

COLLEGE OF MEDICINE

APPLICATION FOR ADMISSION
TO THE FIRST YEAR CLASS

(Note: All items must be filed out completely)

NAME OF
APPLICANT

(Family Name)

(Given)

(Middle)

Paste here a
recent 2"x2"

Photograph

NMAT Score: _____

Date Taken: _____

College GWA: _____

Board Rating (if applicable): _____

Mailing Address _____

Mobile No. _____ Tel. No. _____

Home Address: _____

Tel. No. _____

Email Address: _____

Social Media Accounts: _____

PERSONAL DATA

Age _____ Date of Birth _____ Place of Birth _____

Sex _____ Civil Status _____ Religion _____ Citizenship (at birth) _____

Height (feet-inches) _____ Weight (kilos) _____ (now) _____

Medical History: Please list any illness (physical/mental) which you had within the last 5 years.

Do you have any physical disability which might interfere with the practice of medicine? _____ YES _____ NO.
If YES, please state.

Have you been convicted in court of any offense? _____ YES _____ NO. If YES, please explain, using additional sheets if necessary.

ABOUT YOUR FAMILY

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Address _____ Tel. No./Cellphone No. _____

What is/are their source(s) of income?

_____ Salaries _____ Income from farm Others: _____
_____ Commissions _____ Income from rentals _____
_____ Pension _____ Income from business _____

Approximate total income of the Family _____ (Please include income of parents, unmarried sisters and brothers, and income derived from the family enterprise.)

List down Family Assets

Is your parent a graduate of DMSF? _____ YES _____ NO

If YES, what course and year graduated?

Is your parent teaching in DMSF? _____ YES _____ NO

If YES, how many years?

How many brothers do you have? _____

How many brothers are in high school? _____

How many brothers are in college? _____

Please state the courses of your

Brother/s have completed or are still taking

How many sisters do you have? _____

How many sisters are in high school? _____

How many sisters are in college? _____

Please state the course/s of your

sister/s have completed or are still taking

How many siblings are in medical school? _____

Do you have brother(s) or sister(s) enrolled in Davao Medical School Foundation? _____ YES _____ NO

If YES, please write their Names / Year Level

EDUCATIONAL BACKGROUND			
	School Attended	Location	Dates
ELEMENTARY			
SECONDARY			

Have you earned academic honors in high school? _____ YES _____ NO
If YES was it : _____ Valedictorian _____ First Honors _____ Others _____
_____ Salutatorian _____ Second Honor _____

Name and Address of the School Granting the Degree in College _____

Degree Obtained _____

Date of Graduation _____

Have you earned academic honors in college? _____ YES _____ NO

If YES, please list: _____

For those who took the board examination, kindly fill up all the necessary information.

Profession: _____

Date of Board Examination: _____

Board Rating: _____

For those who took up Post Graduate studies, kindly fill up all the necessary information:

Post-Graduate Course: _____

Post-Graduate School: _____

Date of Graduation: _____

For those who did not proceed to Medicine proper immediately after graduation from college: what did you do after graduation?

_____ Took another course. Please list them with the school where they were taken, and when
_____ Worked as employee _____
_____ Worked in family business _____
_____ Engaged in own business _____
_____ Stayed at home _____
_____ Others _____

For those who worked as employee, kindly fill up all the necessary information.

Work: _____

Position: _____

Number of years employed: _____

Trainings and Seminars Attended: _____

Other than academic subjects and routine activities, what other subjects or activities are you interested in?

_____ School organizations _____ Music: vocal _____ Philately
_____ Religious activities _____ Religious activities _____ Others: _____
_____ Socio- civic action _____ Classical/folk dance _____
_____ Sports _____ Creative writing _____

Please list down other skills or work experience that you have may be useful in the study/practice of medicine.

Is this your first time to seek admission to the MD program? _____ YES _____ NO

If NO, what happened to your application?

_____ Accepted and enrolled at _____ (Name of medical school)
_____ Accepted but did not enroll at _____ (Name of medical school)
_____ Application was not approved

WHAT MOTIVATES YOU TO ENROLL IN MEDICAL SCHOOL?

_____ Advice of parents	_____ Illness in family	Others: _____
_____ Advice of brother/sister	_____ Prestige of profession	_____
_____ Advice of relatives	_____ Awareness of health	_____
_____ Advice of friends	_____ Needs of community	

YOUR FUTURE PLAN AFTER MEDICINE

_____ Residency training
_____ Doctors to the barrio / community
_____ Teach in Medical School
_____ Pursue another Post- graduate course
(please specify) _____
_____ Others (please specify) _____

How will your medical education be supported?

_____ Parents	_____ Approved	Others _____
_____ Phil Veteran Benefit	_____ Still being processed	_____
_____ Scholarship	_____ Planning to apply	_____
Name of Scholarship _____		

What are your sources of information about this medical school?

_____ Parents	_____ Brother/Sister	_____ Own effort
_____ Family friends	_____ Teachers in college	Others: _____
_____ Friends who are	_____ Newspaper ad	_____
_____ Students here	_____ Convocation	_____
	_____ Internet	

If you will be studying here in Davao City, where will you most likely be staying?

_____ At home, with parents	Others: _____
_____ At a boarding house/dormitory	_____
_____ At an apartment with relatives	_____
_____ At the house of relatives	

Please list the medical school you have applied (or will apply) to for the coming school year, in the order of your preference:

First preference _____	Other: _____
Second preference _____	_____
Third preference _____	_____

I hereby certify on my word of honor that the foregoing entries are true and correct to the best OF MY KNOWLEDGE.

NOTE TO APPLICANT:

All communications pertaining to this application will be sent to you at your mailing address. If you will not be at this address for sometime, arrange for someone to transmit the communication to you, or notify us for any change of address as soon as possible.

Signature of Applicant

Send this application to : OFFICE OF THE DEAN

Davao Medical School Foundation

Bajada, Davao City, Philippines

P.O. Box 251

Fax No. (082) 222-5712

Email : erhontiveros@email.dmsf.edu.ph

Website : www.dmsf.edu.ph

Do not write in this space.

Submit this application together with:

- a) Photocopy of Transcript of Records (informative copy only – for evaluation); For graduating students, please submit grades in first 3 years;
- b) Photocopy of NMAT result;
- c) Photocopy of Diploma – if available;
- d) General Weighted Average in college (GWA);
- e) Result of Entrance exam
- f) Receipt of Application fee