



Office of the President of the Philippines  
**COMMISSION ON HIGHER EDUCATION**  
**OFFICE OF STUDENT DEVELOPMENT AND SERVICES**  
3/F H.E.D.C. Building, C.P. Garcia St., UP Diliman Quezon City  
Tel #: (02) 441-1220

**APPLICATION AND REQUIREMENTS FOR THE ISSUANCE OF THE CERTIFICATE  
OF ELIGIBILITY FOR ADMISSION INTO THE MEDICAL PROGRAM**

**TO BE FILLED UP BY THE APPLICANT**

Name of the Applicant / Nationality : \_\_\_\_\_ / \_\_\_\_\_

Present Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Name of (Pre-Med) School : \_\_\_\_\_

Address of (Pre-Med) School : \_\_\_\_\_

Degree Earned : \_\_\_\_\_

Date of Graduation : \_\_\_\_\_

Accepting Higher Education Ins't. (HEI): \_\_\_\_\_

Address of Accepting HEI : \_\_\_\_\_

Semester and Academic Year : \_\_\_\_\_

**Declaration:** I hereby declare that the details furnished above and attached documentary requirements are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form pursuant to “Data Privacy Act of 2012”.

\_\_\_\_\_  
(Signature Over Printed Name)

**Requirements:**

- |  |   |
|--|---|
| 1. Duly accomplished application form  | 6. Notice of Acceptance indicating the quota number of the student issued by the HEIs authorized to accept foreign students |
| 2. Letter/Indorsement from the HEI   |   |
| 3. Photocopy of Passport   | 7. National Medical Admission Test (NMAT) result  |
| 4. Certified True Copy of Transcript of Records  |   |
| 5. Copy of Diploma or Certification of graduation from the school last attended authenticated by the Registrar of the school where graduated |   |

Schedule of the Availability of Service: **Monday to Friday: 8:00 am to 5:00 pm**

**Fees:** Php 500.00 per CEM

**Total/Maximum Duration of Process:** Three (3) Days

**Procedure:**

1. FS Coordinator/Liaison Officer files the application to the International Student Affairs Division (ISAD) Staff, Office of Student Development Services (OSDS)
2. Pays the fee to the Cashier
3. Submits O.R. to ISAD-OSDS and receives instruction when to claim the CEM
4. Comes back to ISAD-OSDS to claim the CEM on the specified date of release

REPUBLIC OF THE PHILIPPINES  
**COMMISSION ON HIGHER EDUCATION**  
Office of the President of the Philippines  
Mindanao Area  
**BOARD OF MEDICAL EDUCATION**  
CHED, Region XI

In the matter of the petition of \_\_\_\_\_

**IMPORTANT:** In Accordance with Sec 6 and 7 R.A. No. 23882 (Medical Act of 1959 as Amended by R.A.5946, this application must be submitted to the Board of Medical Education for approval before the student is admitted to the College of Medicine

**PETITION**

**NOW COMES,** the undersigned petitioner in the above entitled petition and to the Honorable, the Chairman, Board of Medical Education respectfully states.

**FIRST,** that he / she is a native of \_\_\_\_\_ and a citizen of \_\_\_\_\_ having been born \_\_\_\_\_ on \_\_\_\_\_ and as evidence thereof, he / she birth certificate as Exhibit “A”.

**SECOND,** that he / she has not been convicted by any court competent jurisdiction of any offense involving moral turpitude and that as testimonial of good moral character, he / she submits as integral part of petition, a certification signed by two former professors in the College/University where the degree of Bachelor of Science or Bachelor of Arts was obtained, therein, marked as Exhibit “B”.

**THIRD,** that he / she graduated from a course leading to the degree of \_\_\_\_\_  
(Degree conferred)  
at \_\_\_\_\_ on \_\_\_\_\_ an approved college of liberal arts and sciences  
(Name of the College/University) (Date of Graduation)  
and as evidence thereof, he / she submits a duly authenticated official copy of his / her transcript of record and a copy of his / her diploma or certificate of graduation (with special order number issued by the Bureau of Private School, if graduated from Private College/University marked as Exhibit “C”.

**FOURTH,** that this is the first time that he / she will enroll in the College of Medicine and that he / she intends to enroll in the first year of the College of Medicine in the \_\_\_\_\_.

**FIFTH,** that an application fee in the amount of \_\_\_\_\_ (P\_\_\_\_\_) is enclosed.  
Davao City \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name and Signature of the Applicant

\_\_\_\_\_  
Mailing Address

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_, Philippines, that affiant exhibited to me hi / her Residence Certificate No. \_\_\_\_\_  
Issued at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public Administering Officer)  
NOTE: to be accomplished in Duplicate

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Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of. \_\_\_\_\_

(Republic of the Philippines)  
City of Davao ) s.s.  
x-----x

**AFFIDAVIT OF UNDERTAKING**

I, \_\_\_\_\_, of legal age, Filipino, single /married and a resident of \_\_\_\_\_, Davao City, Philippines, after having been duly sworn to in accordance with law hereby depose and say that:

- 1. I understand the Rules and Regulations of the Davao Medical School Foundation, Inc. (DMSFI) as well as its Policies;
- 2. In particular, I understand the policy of the school regarding cheating and hereby solemnly promise not to cheat, nor help anyone to cheat and I hereby undertake to report anyone cheating or any incident of cheating that may come to my personal knowledge and I affirm my willingness to accept whatever penalty for cheating the school shall impose on me after due process has been accorded me;
- 3. I recognize and respect the right of DMSF not to associate with fraternities, sororities and student organizations which practice and condone hazing in violation of Republic Act No. 8049, otherwise known as the “Anti-Hazing Law” ;
- 4. For as long as a I am enrolled with DMSFI, I commit that I will not join and, should I be already a member thereof, I oblige that I will disassociate myself from any school-based fraternity, sorority or any organization which practices and promotes “hazing” as defined in R.A. No. 8049 and which fraternity, sorority and organization has not been duly recognized by DMSFI;
- 5. I hereby affirm my willingness to abide by all the Rules, Regulations and Policies of DMSFI;
- 6. That I am executing this affidavit freely and voluntarily without any mental reservation or purpose of evasion fully knowing that the same is for my best interest.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_\_ at Davao City, Philippines.

\_\_\_\_\_  
(Signature over printed name)  
Affiant

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(FOR NOTARY PUBLIC)

SUBSCRIBE AND SWORN TO before me this \_\_\_\_\_  
affiant exhibiting to me his/her competent evidence of identity \_\_\_\_\_  
\_\_\_\_\_.

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