



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)

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

Doc. No. _____
Page No. _____
Book No. _____
Series of. _____

Please affix P30.00 doc Stamps Here

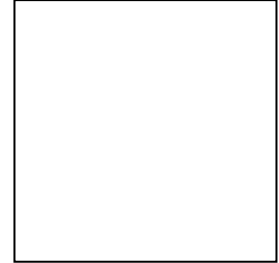


DAVAO MEDICAL SCHOOL FOUNDATION INC.

Dr. A. Gahol Avenue, Corner J.P. Laurel St. Bajada, Davao City

VISION: "Healthy Communities Enjoying Quality Life"

Name of Student: _____
Year/Course: _____
Date of Entry: _____
ID Number: _____



Affidavit of Undertaking

I _____, Filipino citizen, _____ years of age, with address at _____ after being sworn in accordance to law:

1. For the duration of my entire stay in the **SCHOOL**, I voluntarily inhibit myself from joining any fraternity or organization not recognized by the **SCHOOL**.
2. I Acknowledge and understand that my admission in the **SCHOOL** is a privilege and not a right, and that the SCHOOL has the right and authority to choose the persons or individuals who may be admitted as students of the **SCHOOL** in line with the approved policy on admission.
3. I acknowledge and understand that the **SCHOOL** as an educational institution for learning and advancement looks into my well- being and development academically, socially, spiritually and morally, and in the promotion of the same, I voluntarily submitting myself to drug testing sanctioned by the **SCHOOL** and the result of which form part of my school records with the end in view of promoting and protecting the safety and interest of the student population.
4. I do recognize that formation of exclusive organizations or groups in the **SCHOOL** may be disruptive of the unity and peace the **SCHOOL** wishes to foster among members of the academic community, and consequently, the presence of fraternities, sororities, or organizations not recognized by the **SCHOOL** is not beneficial to the students' welfare and formation.
5. I hereby promise to follow and abide by all the provisions of the Student Handbook particularly the discipline of behavior in and outside the campus.
6. I recognize and accept that my continued stay in the **SCHOOL** is subject to my compliance with prescribed policies, rules and regulation both academic and non-academic.
7. I understand and accept that the **SCHOOL** can dismiss me if I am found to have falsely certified to any conditions of this affidavit.
8. I am executing and submitting this undertaking freely and voluntarily.

Printed Name and Signature
Student

Printed Name & Signature
Parents/ Guardian

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__ in Davao City, Philippines, affiants exhibited to me their competent evidence of identity. (Photocopy of the same herein attached).

DOC. No. _____
PAGE No. _____
BOOK NO. _____
Series of _____