

DAVAO MEDICAL SCHOOL FOUNDATION
BAJADA, DAVAO CITY, PHILIPPINES

COLLEGE OF MEDICINE

APPLICATION FOR ADMISSION
TO THE APMED PROGRAM

(Note: All items must be filed out completely)

NAME OF
APPLICANT _____

(Family Name)

(Given)

(Middle)

Paste here a
recent 2"x2"

Photograph

GWA: _____

Honors Received: Yes _____ No _____

Mailing Address _____

Mobile No. _____ Tel. No. _____

Home Address: _____

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 _____

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 _____

Is this your first time to seek admission to the APMED 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 APMED PROGRAM?

_____ 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
_____ Others

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 _____

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

Do not write in this space.

Submit this application together with:

- a) Photocopy of Form 137 – for evaluation);
- b) Photocopy of Diploma – if available;
- c) General Weighted Average in Senior High School;
- d) Certification from the Principal that the student belongs to the upper 20% of the graduating class.
- e) Certificate of good moral character
- f) Receipt of Application fee