

FOR OFFICE USE

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Cebu Institute Of Medicine

F. RAMOS ST., CEBU CITY, PHILIPPINES
FAX No. (6332) 253-9127 • 255-5756
TEL. No. (63-32) 253-6891 • 253-7412

APPLICATION FOR ADMISSION TO THE FIRST YEAR CLASS

(Note: All items must be filled out completely.
Use typewriter or block print in ink.)

FOR OFFICE USE

Sch. _____ Ave. _____
NMAT _____ Int. _____
TOR _____ LOR. _____
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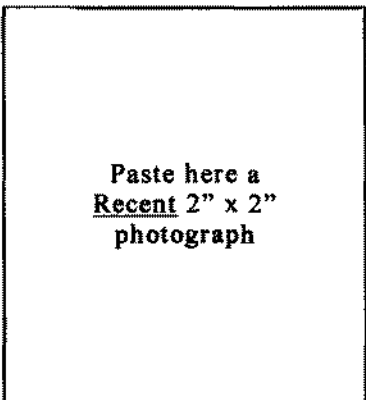
NAME OF APPLICANT

_____ (FAMILY NAME) _____ (GIVEN) _____ (MIDDLE)

Mailing Address _____ Tel. No. _____

Home Address _____ Tel. No. _____

E-mail Address _____ Fax No. _____



PERSONAL DATA

Age _____ Date of birth _____ Place of birth _____ Ht. _____ Citizenship (at birth) _____
Sex _____ Civil status _____ Religion _____ Wt. _____ (n o w) _____
If married: Name of spouse _____ Occupation _____ No. of children _____

Medical History: Please list any illness (physical/mental) which may be considered serious and 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. _____

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

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

How many brothers do you have? _____ How many sisters do you have? _____
How many brothers in high school? _____ How many sisters in high school? _____
How many brothers are in college? _____ How many sisters are in college? _____

Please state the courses your brothers have completed or are still taking.

Please state the courses your sisters have completed or are still taking.

