

REGULAR MED



CIM
CEBU INSTITUTE OF MEDICINE

Please follow Instructions:

All items must be filled out completely. Do not leave spaces blank. Write N/A if it does not apply.
WRITE legibly in **BLACK ink** or **PRINT** using black ink.

For ADMISSIONS Committee Only:

School: _____ NMAT: _____
Course: _____ GWA: _____
Interview: _____
TOR: _____
LOR: _____ G M C: _____
Interviewer: _____

**RECENT PICTURE 2"X 2" SIZE
WITH NAME**

(Must be within past 3 months from
application. **DO NOT USE**
Graduation Picture)

NAME: _____
(Surname) (Given) (Middle Name)

Home Address: _____

Contact number: _____

Mailing Address: _____

Contact number: _____

Working E-mail address: _____ (please do not use an edu.ph email)

PERSONAL DATA:

Age: _____ Date of Birth: _____ Place of Birth: _____ Ht. (m): _____ Wt. (kg): _____ BMI: _____

Sex: (M/F) _____ Religion: _____ Citizenship (at birth) _____ Citizenship (now) _____

Marital Status: (Single/Married/Separated/Divorced/Religious): _____

If married/Separated: Name of spouse: _____ Occupation: _____ No. of children: _____

MEDICAL HISTORY: (Please list on the spaces provided any illness (physical/mental) or any physical disability)

Have you ever sought professional help for any mental distress or incapacity? Yes: _____ No: _____

Details if yes: _____

Allergies: _____ Medications (maintenance): _____

Hospitalizations/Major Surgery in the past three years: _____

Contact person in case of emergency: _____ Contact number: _____

Relationship to contact person: _____

COVID 19 Vaccination History: YES: _____ NO: _____

SOCIAL HISTORY:

Were you ever under inquiry, investigation or received any disciplinary actions from your school authority?

Yes _____ No _____ Write details if yes _____

Do you have any current pending cases in court (Yes/No)? _____

Do you have any prior arrests or conviction or problems with the law (Yes/No)? _____

If yes to any of the above two questions, please specify: _____

Are you or have been a member of any fraternity/sorority or any similar organizations (Yes/No)? _____

If yes, give details: _____

Have you ever (or is still currently) been involved in volunteer/humanitarian organizations (Yes/No)? _____

If yes, give details: _____

Do you smoke (Yes/No)? _____ Do you drink alcohol (Yes/No)? _____ If Yes, specify amount/frequency _____

Affix signature here: _____



EDUCATIONAL BACKGROUND:

Level	School Attended	Location/Address	Inclusive Years Attended
Primary			
Junior High			
Senior High			
College			

Any awards earned during senior high school? : (Yes/No) _____, if yes, please specify below:

Academic Awards: _____

Special Awards: _____

After finishing high school, were you enrolled every semester until you earned your baccalaureate degree/s?

YES ____ NO ____ If NO, please state why: _____

Baccalaureate/s Degree Obtained: _____ Date of Graduation*: _____

Masters/Post-Graduate Degree Obtained, if any: _____ Date of Graduation*: _____

(* for those who are still to graduate write expected date of graduation)

Did you receive any special commendations or awards in college? (Yes/No) _____, if yes, specify below:

Special Awards: _____

Did you earn academic (Latin) honors in college? YES ____ NO ____ if YES, please list: _____

For those who had gap years prior to taking up medicine, what did you do during this time? *(Please specify inclusive years)*. _____

Other than academic subjects and routine activities, what other activities are you most interested in, in a more than usual degree?

_____ School organizations	_____ Music: Vocal/Instrument	Computer games: _____
_____ Religious activities	_____ Theater Arts	Others: _____
_____ Socio-civic action	_____ Dance/Ballet	_____
_____ Sports	_____ Creative writing	_____

Please list down other skills or work experiences which you think may be useful in the study or practice of medicine, and why:

Is this your first time to seek admission to the Cebu Institute of Medicine? YES ____ NO ____

If NO, when was the last time you applied? _____

Is this your first time to seek admission to the medical course? YES ____ NO ____

If NO, please check below whichever applies to you:

_____ Accepted and enrolled at _____ (Name of medical school) _____ (Date)

_____ Accepted but didn't enroll at _____ (Name of medical school) _____ (Date)

_____ Application was not approved _____ (Name of medical school) _____ (Date)

(Reason for disapproval): _____

Affix signature here: _____



What is your NMAT Percentile Score? _____, (Date taken): _____

Is this the only time NMAT that you have taken? (Yes/No) _____ If No, give the percentile scores and the dates taken:

NMAT DATE:

SCORE:

NMAT DATE:

SCORE:

Did you take a Licensure examination? Yes/No

Exam Date: _____

Exam Percentile Score: _____

Exam taken (NLE, MTLE etc) : _____

FAMILY BACKGROUND:

Father's Name: _____

Mother's Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Contact No.: _____

Contact No.: _____

Parents marital state: (Check which of the following applies)

____ Living together ____ Separated ____ Divorced ____ Others (specify): _____

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

____ Salaries ____ Business, please specify: _____

____ Commissions ____ Others not mentioned: _____

____ Pension

Who will finance your medical education?

____ Self ____ DOH/LGU ____ Others: _____

____ Parents ____ Phil. Veterans benefit

____ Scholarship: _____ Approved: ____ Still processing: ____ Planning to apply: ____

Who will you assign as the legal sponsor (legal representative in case of claiming/filing of official records)?

(Name of Legal sponsor) _____

(Relationship to applicant) _____

Address of Legal Sponsor _____

Contact email address of Legal Sponsor _____

Contact number of Legal Sponsor: _____

Number of Siblings (including yourself): _____ Birth Rank: (x/no. of siblings) _____

List Siblings' Names According to Birth Rank	Highest Educational Attainment	Degree/Course

Do you have any siblings currently enrolled in CIM?

YES ____

NO ____

If YES, please state his/her name and year level:

NAME

YEAR LEVEL

NAME

YEAR LEVEL

Affix signature here: _____



Do you have any relatives who are alumni in this institution? YES _____ NO _____

If YES, please state his/her name and their relationship to you:

NAME	RELATIONSHIP	NAME	RELATIONSHIP
------	--------------	------	--------------

_____	_____	_____	_____
_____	_____	_____	_____

What was the greatest influence in your decision to take up medicine as a career?

_____ Childhood dream	_____ Illness in family	Others: _____
_____ Advice of parents	_____ Prestige of profession	_____
_____ Inspired by family doctors	_____ Awareness of health needs	_____
_____ Advice of relatives/friends	_____ of community	_____

If you will push through studying here in Cebu City, where will you most likely stay?

_____ With parents	Others: _____
_____ With relatives	_____
_____ Apartment/condo	_____
_____ Boarding house/dormitory	_____

Please list down the medical schools you have applied to (or will apply to) for the coming school year, in order of your preference, **INCLUDING** the **CEBU INSTITUTE OF MEDICINE**:

1 st preference _____	Others: _____
2 nd preference _____	_____
3 rd preference _____	_____

IMPORTANT STATEMENT ON DATA PRIVACY

Cebu Institute of Medicine cognizant of its duties and responsibilities pursuant to RA 10173 (Data Privacy Act of 2012), regards all data and information acquired herein as confidential and are processed in adherence to the general principles of transparency, legitimacy, and proportionality. All personal data obtained (electronic and physical) shall be processed and stored for a period of five (5) years under the Admissions Office of Cebu Institute of Medicine. The data is only accessible by the authorized members of the Admissions Office. All data in this form shall be used for the sole purpose of the admissions office and that contained within the application form shall be strictly confidential and that no third party can access nor utilize this data. Only the members of the Admissions Office shall have access to the physical as well as electronic files.

I understand that filling up this registration form, I will be submitting my personal/private data. I also agree that I willingly submit this data on the condition that the information given will be kept confidential. Furthermore, I consent that my information may be shared among the members of the Admissions Office of Cebu Institute of Medicine and that these data shall only be used for the purpose of my application and admission to the Cebu Institute of Medicine. In no way shall my personal information be shared to any third party outside of CIM Admissions Office for any reason aside from what is essential in my transaction with Cebu Institute of Medicine.

I also agree that filling up this form is not tantamount to being accepted as a First-Year student to CIM and that it is only a registration for the screening process of admission.

I hereby certify that the foregoing information provided is TRUE and ACCURATE to my knowledge. Any misrepresentation or falsification of information, and/or withholding of vital information may invalidate application. If proven that any entry was made with malicious intent, this may be considered as a ground for non-acceptance, or dismissal from the school if already enrolled.

SCAN ME



**For ADMISSIONS
Committee Only:
Do not fill up.**

Accepted: _____
Regrets: _____

Signature over printed name: _____

Date signed: _____

Affix signature here: _____



The members of the admissions committee would like to know you better.

Instructions: Please write **CONCISELY** about the following topics in essay form, and **ONLY** on the space provided for. **TYPE** using black color. Use Times Roman Font size 10. You may opt to **WRITE** legibly.

A. Describe your family dynamics.

B. Describe a situation in which you had a considerable responsibility. Give your reflection on this and your learnings from this situation.

C. Describe your strengths and weaknesses (both academic and personal in relation to your aspirations to becoming a physician).

PERSONAL:

ACADEMIC:

Affix signature here: _____

