



University of the Philippines Medical Alumni Society
Alumni Hall Paz Mendoza Bldg., 547 Pedro Gil, UP College of Medicine
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Email: upmedalumsoc@gmail.com

Nomination for the (please check one):

- Distinguished Alumnus**
- Outstanding Educator**
- Outstanding Researcher**
- Outstanding Medical Service Award**
- Outstanding Community and Public Health Service Award**
- Most Distinguished Class of the Year**
- Alumni Family of the Year**

*2 x 2"
Photo of
Nominee*

(To be accomplished, in triplicate, by the nominator)
Deadline of Submission: SEPTEMBER 15, 2015

PERSONAL AND CONFIDENTIAL

1. **NAME OF NOMINEE:** _____

Home Address: _____

Telephone: _____ Mobile: _____ Fax: _____

Email Address: _____

2. **CURRICULUM VITAE:**

(a) **Date and Place of Birth:** _____ **Nationality:** _____

(b) **Civil Status:** () Single () Married () Separated ()
Widowed

If married, name of spouse: _____

Nationality: _____

Occupation: _____

(c) Present employment/occupation/profession: _____

Name and address of office: _____

(d) Other positions/affiliations, if any:

(e) Past employment (Position and name of employer):

(f) Academic background:

(g) Researches and/or publications, if any:

(h) Honors, awards or recognition, if any:

(i) Memberships in professional, civic and other organizations, if any:

3. DESCRIPTION OF THE WORK, ACHIEVEMENT, ACCOMPLISHMENT OR PERFORMANCE ON WHICH THE NOMINATION FOR THE AWARD IS BASED:

4. JUSTIFICATION FOR THE AWARD:

Nominator: _____ U.P. Degree(s)/
(Signature Over Printed Name) Yr(s). of Graduation: _____

Office/Organization/
Alumni Chapter: _____ Position/Designation: _____

Postal Address: _____ Email Address: _____

Telephone: _____ Mobile: _____ Fax No.: _____