



DEPARTMENT OF PATHOLOGY, LABORATORIES, AND BLOOD TRANSFUSION SERVICES
MEDICAL TECHNOLOGY INTERNSHIP PROGRAM

INTERN'S INFORMATION SHEET

PERSONAL INFORMATION									
1.	SURNAME				INTERN'S ID NUMBER				
	FIRST NAME				INTERN'S CODE				
	MIDDLE NAME				NAME EXTENSIONS (JR/SR/ETC)				
2.	DATE OF BIRTH (mm/dd/yyyy)			13.	CITIZENSHIP	IF HOLDER OF DUAL CITIZENSHIP, INDICATE:			
3.	PLACE OF BIRTH			14.	RESIDENTIAL ADDRESS				
4.	SEX					HOUSE/BLOCK/LOT NO.		STREET	
5.	CIVIL STATUS					SUBDIVISION/VILLAGE		BARANGAY	
6.	HEIGHT (m)					CITY/MUNICIPALITY		PROVINCE	
7.	WEIGHT(kg)					ZIPCODE			
8.	BLOOD TYPE			15.	PERMANENT ADDRESS				
9.	RELIGION					HOUSE/BLOCK/LOT NO.		STREET	
10.	TELEPHONE NUMBER					SUBDIVISION/VILLAGE		BARANGAY	
11.	MOBILE NUMBER					CITY/MUNICIPALITY		PROVINCE	
12.	E-MAIL ADDRESS					ZIPCODE			
EDUCATIONAL BACKGROUND									
16.	LEVEL	NAME OF SCHOOL	BASIC EDUCATION / DEGREE / COURSE	PERIOD OF ATTENDANCE		YEAR GRADUATED	SCHOLARSHIP / ACADEMIC HONORS RECEIVED		
				FROM	TO				
	ELEMENTARY								
	SECONDARY								
	TECHNICAL / VOCATIONAL COURSE								
	TERTIARY								
SCHOOL LAST ATTENDED									
OTHER INFORMATION									
17.	LEADERSHIP SKILLS				18.	SPECIAL SKILLS			
EMERGENCY CONTACT									
IN CASE OF EMERGENCY, PLEASE CONTACT									
19.	LAST NAME				RELATIONSHIP				
	FIRST NAME				CONTACT INFORMATION				
	MIDDLE NAME								

I CERTIFY THE INFORMATION STATED ABOVE ARE TRUE AND CORRECT

INTERN'S SIGNATURE ABOVE PRINTED NAME



RIGHT THUMBMARK

2X2 ID PICTURE

WHITE BACKGROUND

FULL NAME PRINTED BELOW

Computer generated or photocopied picture is not acceptable

