



University of the Philippines Medical Alumni Society
Alumni Hall Paz Mendoza Bldg., 547 Pedro Gil, UP College of Medicine
Telfax: +63-2-525-3852
Email: upmedalumsoc@gmail.com

Nomination for the (please check one):

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

*2 x 2" Photo
of Nominee*

Deadline of Submission of Nomination Form: SEPTEMBER 15, 2016
(To be accomplished, in triplicate, by the nominator)

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: _____

Kindly email a soft copy of completely accomplished nomination form to
upmedalumsoc@gmail.com AND upmasawards2016@gmail.com.

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:**

5. SUMMARY OF NOMINATION (please provide a 200-word summary write-up):

A copy of the write-ups for the 2015 UPMAS Awardees can be accessed at <https://goo.gl/qrkyLn>

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.: _____

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**Nomination for the
UPMAS FAMILY OF THE YEAR AWARD**

Deadline of Submission of Nomination Form: SEPTEMBER 15, 2016
(To be accomplished, in triplicate, by the nominator)

PERSONAL AND CONFIDENTIAL

NAME OF FAMILY TO BE RECOGNIZED _____

Name of Family

Representative: _____

Address _____

Telephone: _____ Mobile No.: _____ Fax: _____

Email Address: _____

Nominator: _____ Postal Address: _____

(Signature Over Printed Name)

Email Address: _____

Telephone: _____ Mobile: _____ Fax No.: _____

Name/s of Alumnus/Alumni	Year of Graduation	If resident overseas, Date of departure from the Philippines
Grandparent(s)		
Parent(s)		
Child(ren)		
Grandchildren(s)		

Kindly email a soft copy of completely accomplished nomination form to
upmedalumsoc@gmail.com **AND** upmasawards2016@gmail.com.

IMPORTANT: Please attach three (3) copies of your family tree and a brief justification for the recognition in terms of service to the nation and commitment to the University's and UPMAS' principles and values as demonstrated by the alumni members of the family.

A copy of the write-ups for the 2015 UPMAS Awardees can be accessed at <https://goo.gl/qrkyLn>