

OFFICE OF STUDENT AFFAIRS University of the Philippines Manila *The Health Sciences Center* 3/F Student Center,Padre Faura corner Ma. Orosa Street Ermita, Manila 1000 Philippines Tel. No. (632) 88141249 to 1251



____First Year Student ___Old Student

2x2 ID Picture

U.P MANILA DORMITORY/RESIDENCE HALL APPLICATION FORM

General Information:

Name:					Nationalit	ty:
(Surname)		(Given Name)		(Middle Name)		
Date of Birth:		Place of	of Birth:	Birth:		Religion:
Sex:MaleFema	le Gende					_(LGBT)
		(Your sexual or	ientation	will not be divulge	ed)	
Permanent Address:						
Landline:						Email Ad.:
College:	Course	2:	<u>_</u>	Yr.Level:		STS Bracket:
Parent's Information	<u>ı:</u>					
Mother's Name:				Father's Name:	·	
(Fami	y Name)	(Given Name)	(MI)		(Family Nan	ne) (Given Name) (MI)
Nationality:		Religion:		_ Nationality:		Religion:
Occupations:				Occupations:		
Work Phone:				Work Phone:		
Mobile #:				Mobile #:		
Email Ad.:				Email Ad.:		
Other sources of Inco	me:			Other sources of	of Income:	
<u>Siblings:</u>						
Name	Age 	Civil Status		lying,Yr.Course &	& School	If working,where? (Company Name & Address)
Guardian or relative liv	ving in or	nearest in Metro N	<u>Manila:</u>			
Name		Relation to App	licant	Age		Mobile No./Landline
			Ce	rtified true and cor	rrect:	
(Applicant's signature over printed name)					(P	Parent's signature over printed name)
Dunculant to Data D	wizza car A	at of 2012 I are a	171110 100	muiccion to the C)ffice of Stu	dent Affairs for the lawful use of my
personal informatic	e	, 0	υ.			
						Signature

ACKNOWLEDGEM	ENT AND ACCOUN	ROOM #:BED #:	
	Check in		Check out
Study Table	:	:	
Chairs/s	:	:	
D/d Bed	:	:	
Pillow/s	:	:	
Cabinet & Keys	:	:	
Mattress	:	:	
Remarks:			Remarks:
Applicant's Signature:		_	Applicant's Signature:
		FOR OFFICE USE ONLY	<u>(</u>
	Check in		Check out
Date	:	:	
Time	:		
Tinc	•	·	
(Signatu	ire of Authorized Representat	(Signature of Authorized Representative)	
	···· · · · · · · · · · · · · · · · · ·		

Requirements:

- 1. 2x2 present ID picture with name written at the back
- 2. Form 5
- 3. Income Tax Return (ITR)
 - a. ITR (Father or Mother);
 - *b.* Father and Mother (*if both are working*);
 - c. Bureau of Internal Revenue (BIR) Certificate of Tax Exemption *(if both parents are not working or one parent is not working)*

Submit to:

University of the Philippines Manila Office of Student Affairs Auxiliary Services Program 3rd Flr. Student Center Building, P. Faura St., Ermita, Manila

Tel. Nos: 88141-250

Email to : jlalava@up.edu.ph

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