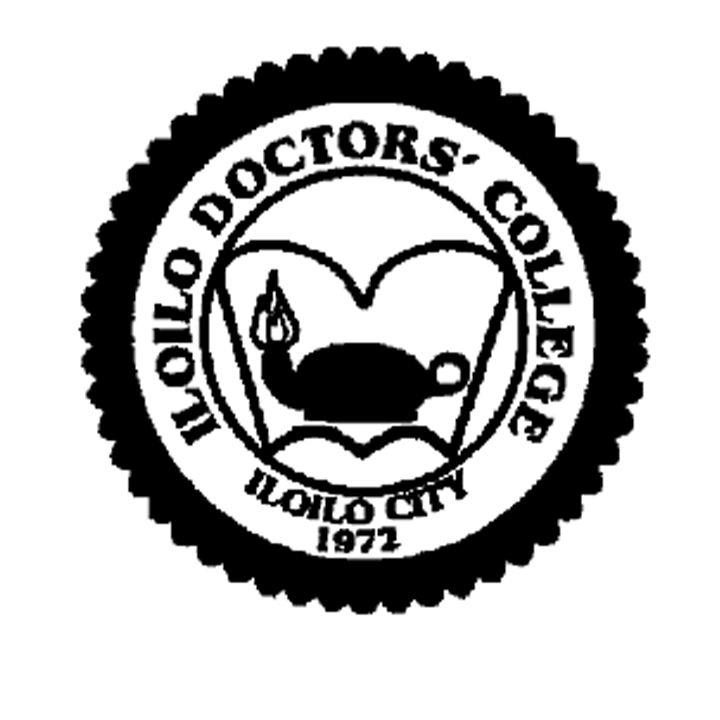
**ILOILO DOCTORS’ COLLEGE**

**Office of Admission**

West Avenue, Molo, Iloilo City

Tel. No.: 337-0034

GOVERNMENT EMPLOYEE EDUCATIONAL BENEFIT SYSTEM

**Application Form**

**New**

The recipient will have a **10% Discount on Tuition Fee Only**.

**Renewal**

**Period Covered**

Academic Year: 20\_\_\_\_\_ - 20\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Semester

1st Semester

**Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name:** | **First Name:** | | **Middle Name:** | |
| Course: | Year Level: | | Mobile Number: | |
| Complete Address: | | | | |
| Date of Birth: | | | | Sex:  Female  Married  Male |
| Place of Birth: | | | | Civil Status:  Single |
| Name of Parent who is a Government Employee: | | Contact No.: | | Government Agency: |

I certify that I have completely understood the conditions, guidelines and policies of the IDC Government Employee Educational Benefit System and that breach of the same would mean forfeiture of the benefit/s indicated in this application. I shall be of good moral character and shall conduct myself in a proper and irreproachable manner in my relation with the school authorities and fellow students.

I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I also hereby authorized IDC to verify the same through an official inquiry if needed. I understand the any false or misleading statement may result in the refusal of admission into the college and/or non-qualification for a grant. I hereby agree to comply with the following terms and conditions under the IDC Government Educational Benefit System.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval Requirements**

|  |  |
| --- | --- |
| Recommending Approval:  **FRANCIS D. LAUREA**  Director of Admission  Approved:  **ANA EVA Y. TIRADOR, M.D.**  Vice President for Student, Alumni Affairs and Sports Development | ( ) Accomplished Application Form  ( ) Photocopy of Registration Form (RF)  ( ) Employment Certificate of Parent  ( ) 1 pc. 2x2 colored ID picture |
| APPLICATION WITH INCOMPLETE REQUIREMENTS AND INFORMATION WILL NOT BE PROCESSED. **MUST BE RENEWED EVERY SEMESTER** |

FORM – AMS-004

REV#-2-FEBRUARY8, 2017