Form No.: ID-2004-1

UNIVERSITY OF THE PHILIPPINES

APPLICATION FOR IDENTIFICATION CARD OF RETIREES

EMPLOYEE NO. ☐☐ – ☐☐☐☐☐

Print Name: Last First Middle

CIVIL STATUS:
- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Widowed
- ☐ Annulled

SEX
- ☐ Male
- ☐ Female

DATE OF BIRTH

PLACE OF BIRTH

TIN

BLOOD TYPE

PRESENT ADDRESS _____

TELEPHONE NO. _____
CELLPHONE NO. _____
E-MAIL ADDRESS _____

PERMANENT ADDRESS _____

TELEPHONE NO. _____
E-MAIL ADDRESS _____

NAME OF SPOUSE _____
ADDRESS _____

TELEPHONE NO. _____
CELLPHONE NO. _____
E-MAIL ADDRESS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME _____
ADDRESS _____

TELEPHONE NO. _____
CELLPHONE NO. _____
E-MAIL ADDRESS _____

CHILDREN / NEAREST RELATIVE	RELATIONSHIP	ADDRESS	TELEPHONE / CELLPHONE NO.

CERTIFICATION

I hereby certify that the above-mentioned data are correct.

_____ (Date)

_____ (Signature)

Right Thumb Mark

Left Thumb Mark

Please Attach Recent Photograph (2" X 2")

Signature at the back

THIS IS TO CERTIFY THAT THE ABOVE-NAMED FACULTY / PERSONNEL HAS RETIRED FROM THE UNIVERSITY AS:

DESIGNATION: _____

COLLEGE/UNIT: _____

NUMBER OF YEARS EMPLOYED IN U.P.: _____

RETIRED ON: _____

DIRECTOR/CHIEF
Human Resources Development Office