



**PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN**  
**(Government Service Insurance System)**  
Financial Center, Roxas Boulevard, Pasay City

**ID Picture**  
(Taken within the last 3 months)

**MEMBERSHIP INFORMATION SHEET**

**PERSONAL DATA:**

Name: \_\_\_\_\_  
*Last name First Name Middle Name*

Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ TIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*(Month/Day/Year) Town/District City/Province*

Residence/Mailing Address: \_\_\_\_\_  
*House, Apt. or Bldg No./St. Name Barangay or Barrio Town/City Province Zip Code*

**EMPLOYMENT DATA:**

Office: PHILIPPINE GENERAL HOSPITAL Date of Original Appointment: \_\_\_\_\_  
*(Month/Day/Year)*

Office Address: \_\_\_\_\_  
**Taft Avenue, Ermita, Manila 1000**  
*No. Street Town/City Province*

Position Title: \_\_\_\_\_ Status of Appointment: \_\_\_\_\_

Present Salary: \_\_\_\_\_ Date of Effectivity of Present Salary: \_\_\_\_\_  
*(Month/Day/Year)*

*For DEPED Employees only:* Division No.: \_\_\_\_\_ Station No.: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Home Tel. No.: \_\_\_\_\_ Celphone No.: \_\_\_\_\_

Office Tel. No.: **554-8400** Extension: \_\_\_\_\_ eMail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

Attested:

\_\_\_\_\_  
Signature over Printed Name of  
Personnel/Administrative Officer