Form No. MIS-05-02

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

MEMBERSHIP INFORMATION SHEET

ID Picture
(Taken within the last 3 months)

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