ACKNOWLEDGEMENT

In consideration of my admission to the Medical Internship Program of the Philippine General Hospital (PGH), University of the Philippines Manila (UPM), I hereby acknowledge that I have read and fully understood, and pledge to abide by the rules on conduct and discipline as stated in the **Primer on the PGH Medical Internship Program** and other rules, policies, and regulations that will be enrolled by authorities of PGH and UPM.

In testimony thereof, I affix my signature this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature of the Medical Intern

 Over Printed Name

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 Medical School