



UNIVERSITY OF THE EAST
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
#64 Aurora Boulevard, Barangay Doña Imelda, Quezon City 1113
Tel. No. 715-08-61 local 263

GRADUATION
January 11, 2010
College Auditorium

OUTSTANDING RESIDENTS

<u>NAME</u>	<u>DEPARTMENT</u>
1. Dr. Jasmin T. Jo	Clinical Neurosciences, Section of Neurology
2. Dr. Helen L. Dy-Eduvas	Medicine
3. Dr. Arthur Jason S. Go	Medicine
4. Dr. Mylah R. Seroje	Obstetrics & Gynecology
5. Dr. Jose Nicanor P. Del Rosario III	Clinical Neurosciences, Section Neurosurgery

Noted: (Members of Awards Committee)

Alfaretta Luisa T. Reyes, M.D.
Dean, College of Medicine

Andres D. Borromeo, M.D.
Medical Director

Grace H. Encelan-Brizuela, M.D.
College Secretary, College of Medicine

Lily L. Sia-Vargas, M.D.
Head, Department of Otorhinolaryngology




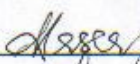

Maribeth T. de los Santos, M.D.
Overall Chair, Awards Committee

University of the East
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
College of Medicine


ACKNOWLEDGEMENT

Received from the UERMMMCM Alumni Foundation, USA (AFUSA), Inc. the amount of One Hundred US dollars (USD100.00) as the recipient of the Outstanding Residents Awards for the Year 2009.

Given this 11th day of January, 2010 during the Residents' Graduation at UERMMMCM, Aurora Boulevard, Quezon City

<u>Name of Awardee</u>	<u>Signature</u>
1. Dr. Jasmin T. Jo	 _____
2. Dr. Helen L. Dy-Eduvas	 _____
3. Dr. Arthur Jason S. Go	 _____
4. Dr. Mylah R. Seroje	 _____
5. Dr. Jose Nicanor P. del Rosario III	 _____

UNIVERSITY OF THE EAST
Ramon Magsaysay Memorial Medical Center No. 22708 V
 Aurora Blvd., Quezon City
 Non-VAT Reg. TIN 002-856-898-000

OFFICIAL RECEIPT		DEPT.	DATE
RECEIVED FROM	<i>Dr. Maribeth de los Santos</i>		<i>3/19/10</i>
ADDRESS	<i>(CV# 5950-09) AFUSA</i>		<input type="checkbox"/> PATIENT <input type="checkbox"/> STUDENT NO.
THE SUM OF			
<small>PAID IN FIGURES</small>	AS <input type="checkbox"/> PART <input type="checkbox"/> FULL PAYMENT OF	<i>Excess - cash advance</i>	
<i>₱ 500</i>			
<i>HB 60239064L</i>	<i>HB 60239067L</i>		
<i>HB 60239085L</i>	<i>HB 09435624H</i>		
<i>HB 60239066L</i>			
CASH	<i>₱ 500-</i>	UERM MEMORIAL MEDICAL CENTER  CASHIER/COLLECTOR	
<input type="checkbox"/> CHECK NO.			
<input type="checkbox"/> PMO NO.			
TOTAL	₱		

University of the East
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER
ALUMNI FOUNDATION, U.S.A., INC.

RECIPIENT'S ACKNOWLEDGEMENT OF FUNDS

Department: CHIEF OF CLINICS

Amount Received: \$1,000.00

Date Received: DEC. 22, 2009

Project(s) Funded by the above Amount:

Award for Outstanding Residents during
The Graduation Ceremonies of Residents and
Fellows

Names of Recipients or Attendees (if applicable):

ATTACHED

(Jan. 11, 2010)

How did the implementation of the project improve the quality of education at UERMMMC?

This will serve as an additional incentive for the members of the housestaff, especially the residents, to strive harder in their training and to become role models for the younger members of the housestaff.

Suggestion and Remark:

This should continue on and should be an important part of the Residents' Graduation yearly. Include documentation as a proof that the above project(s) was implemented, i.e. program, invitation, brochure, photos.

ATTACHED

Completed by: MARIBETH T. DE LOS SANTOS, M.D.

Title or Position: CHIEF OF CLINICS

Signature:  Date: JAN. 27, 2010

University of the East
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER
ALUMNI FOUNDATION, U.S.A., INC.

RECIPIENT'S ACKNOWLEDGEMENT OF FUNDS

Department: of Clinical Research

Amount Received: \$ 100

Date Received: 1/11/10

Project(s) Funded by the above Amount:

APUSA

Names of Recipients or Attendees (if applicable):

Dr. Jasmin T. Jo

How did the implementation of the project improve the quality of education at UERMMMC?

Suggestion and Remark:

Thank you for the support

Include documentation as a proof that the above project(s) was implemented, i.e. program, invitation, brochure, photos.

Completed by: Jasmin Jo

Title or Position: Principal

Signature: [Signature] Date: 1/11/10

University of the East
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER
ALUMNI FOUNDATION, U.S.A., INC.

RECIPIENT'S ACKNOWLEDGEMENT OF FUNDS

Department: MEDICINE

Amount Received: US \$ 100.00

Date Received: January 11, 2010

Project(s) Funded by the above Amount:

Outstanding Resident

Names of Recipients or Attendees (if applicable):

Dr. Helen L. Dy-Eduvas

How did the implementation of the project improve the quality of education at UERMMMC?

Suggestion and Remark:

Thank you!

Include documentation as a proof that the above project(s) was implemented, i.e. program, invitation, brochure, photos.

Completed by: Helen Dy-Eduvas

Title or Position: Outgoing Resident

Signature: *[Signature]* Date: Jan. 11, 2010

University of the East
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER
ALUMNI FOUNDATION, U.S.A., INC.

RECIPIENT'S ACKNOWLEDGEMENT OF FUNDS

Department: MEMBERSHIP

Amount Received: \$ 100

Date Received: 1-11-10

Project(s) Funded by the above Amount:

OUTSTANDING RESIDENTS' AMOUNT

Names of Recipients or Attendees (if applicable):

Dr. Jose Nicanor P. del Rosario III

How did the implementation of the project improve the quality of education at UERMMMCC?


THE PROJECT RECOGNIZES THE HARD WORK OF RESIDENTS AND PERHAPS INSPIRE OTHER RESIDENTS.

Suggestion and Remark:

Include documentation as a proof that the above project(s) was implemented, i.e. program, invitation, brochure, photos.

Completed by: DR. NICANOR P. DEL ROSARIO III

Title or Position: MEMBERSHIP MEMBER

Signature:  Date: 1-11-10

University of the East
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER
ALUMNI FOUNDATION, U.S.A., INC.

RECIPIENT'S ACKNOWLEDGEMENT OF FUNDS

Department: Internal Medicine

Amount Received: \$10,000 +

Date Received: 1/11/07

Project(s) Funded by the above Amount:
Most outstanding Resident

Names of Recipients or Attendees (if applicable):

Dr. Arthur Jason S. Go

How did the implementation of the project improve the quality of education at UERMMMCC?
It gives us more incentive/inspiration to do more.

Suggestion and Remark:

Thank you so much for the prize

Include documentation as a proof that the above project(s) was implemented, i.e. program, invitation, brochure, photos.

Completed by: Arthur Jason S. Go

Title or Position: Most outstanding Resident (Graduate)

Signature: [Handwritten Signature] Date: 1/11/07

University of the East
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER
ALUMNI FOUNDATION, U.S.A., INC.

RECIPIENT'S ACKNOWLEDGEMENT OF FUNDS

Department: OBSTETRICS & GYNECOLOGY

Amount Received: \$100.00

Date Received: JANUARY 11, 2010

Project(s) Funded by the above Amount:

Outstanding Residents of 2009

Names of Recipients or Attendees (if applicable):

Dr. Mylah R. Seroje

How did the implementation of the project improve the quality of education at UERMMMC?

Suggestion and Remark:

Thank you very much!

Include documentation as a proof that the above project(s) was implemented, i.e. program, invitation, brochure, photos.

Completed by: MYLAH R. SEROJE

Title or Position: CHIEF RESIDENT, OB-GYN

Signature: [Signature] Date: 1/11/10