



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

**SCHOLAR'S COMMITMENT TO RENDER SERVICE
OBLIGATION**

I, _____, _____ years old, with permanent address _____ at _____, do hereby declare that should I be selected as scholar under the DOH Medical Scholarship Program, I am willing to render two (2) years of service to the government for every year or fraction of a year of study/scholarship granted. I am willing to render the first three (3) years in Public Health Care Services through the DOH-HRH Deployment Program or the DOH Doctors to the Barrios Program.

IN WITNESS WHEREOF, I do hereby affix my signature this _____ at _____.

Name of Scholar

Name of Parent/Guardian
(Witness)

Name of Parent/Guardian
(Witness)

SUBSCRIBE AND SWORN to before me this _____ at the _____, Affiant exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____
Series 2017 _____