



**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY
(Foundation), INC.**

POGS AWARD OF EXCELLENCE IN CLINICAL PRACTICE

OFFICIAL NOMINATION FORM

To : The Committee on Awards

From : (Name of Hospital/Institution), Department of OB-GYN

Date : _____

We respectfully endorse the nomination of _____, M.D.

residing in _____.

The above nominee is an active POGS Fellow member in good standing since _____.

(Signature over printed name)

Chairman

Department of OB-GYN

Name of Hospital/ Institution