



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

**RAMON LOPEZ AWARD OF MERIT FOR COMMUNITY SERVICE**

**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