****

**1 x 1**

**PHOTO**

**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY**

 **(Foundation), INC.**

 **JUNIOR MEMBERSHIP APPLICATION FORM 2022**

|  |  |
| --- | --- |
| Date submitted | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Surname | First Name | Middle Name |

|  |  |
| --- | --- |
| Home Address | Click or tap here to enter text. |
| Main Place of Private Practice | Click or tap here to enter text. |
| Region Affiliation | Click or tap here to enter text. |  | Preferred Mailing address (pls. check) | Home | Main Clinic |
| Email address | Click or tap here to enter text. |  |  |[ ] [ ]
| Mobile Number | Click or tap here to enter text. |  | Doctor of Medicine | Click or tap here to enter text. |
| PRC Number | Click or tap here to enter text. |  | Year Graduated | Click or tap here to enter text. |
| Date of Licensure | Click or tap here to enter text. |  | Citizenship | Click or tap here to enter text. |
| PMA Number | Click or tap here to enter text. |  | Civil Status | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |  | Religion | Click or tap here to enter text. |
| Place of Birth  | Click or tap here to enter text. |  | Residence Tel No. | Click or tap here to enter text. |
| **Residency Training Program** |
| Hospital | From | To | Name of Department Chair |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **ATTESTED BY:****(Current Department Chair)**Click or tap here to enter text.Name and Signature of the Department Chair  | I, Click or tap here to enter text. , hereby certify to the correctness of the above-information and by submitting my personal information, I confirm my consent to POGS, processing my personal information for the purposes as stated in the POGS Privacy Policy. In witness whereof, I hereunto set my signature thisClick or tap here to enter text. day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_Click or tap here to enter text.Print Name above the signature of applicant

|  |
| --- |
| **REMARKS:**Application received by: Application fee (P3,000.00)OR. Number: Date Paid: |

 |
| **REGIONAL DIRECTOR** (Outside Metro Manila)Click or tap here to enter text.Name and Signature of Regional Director |  |