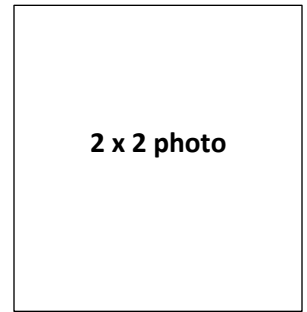


PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC.



CANDIDATE DATA SHEET

NAME: _____

ADDRESS: _____

AGE: _____

SUBSPECIALTY: _____

I. Medical Education

College: _____

Postgraduate: _____

Medical Internship: _____

Subspecialty Training:

II. Present Position in POGS/Institution/Subspecialty Society

1. _____

2. _____

3. _____

4. _____

5. _____

III. Service to POGS

1. _____

2. _____

3. _____

4. _____

5. _____

IV. Major Awards/Distinction

1. _____

2. _____

3. _____

4. _____

5. _____

V. Number of Researches Published

Local: _____

International: _____

VI. Number of Books, Chapters Published

Books: _____

Chapters: _____

Why I want to serve POGS:
