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**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY**

**(Foundation), INC.**

**JUNIOR MEMBERSHIP APPLICATION FORM 2023**

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

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| Surname | First Name | Middle Name |

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| Home Address | Click or tap here to enter text. | | | | | | | | |
| Main Place of Private Practice | Click or tap here to enter text. | | | | | | | | |
| Regional 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. | | |
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| **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 give my consent to POGS for 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 | | | |