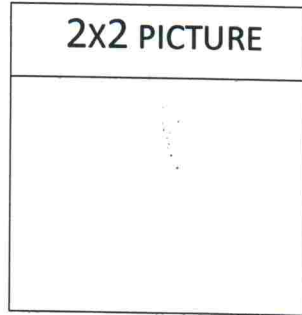




**PHILIPPINE BOARD OF OPHTHALMOLOGY
INFORMATION SHEET**

2X2 PICTURE



NAME: _____

RESIDENCE: _____

TEL No.: _____ CEL No.: _____

EMAIL ADDRESS: _____ FAX No.: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

AGE: _____ CITIZENSHIP: _____ CIVIL STATUS: _____

MAILING ADDRESS: _____

OFFICE ADDRESS: _____ TEL No.: _____

OFFICE ADDRESS1: _____ TEL No.: _____

OFFICE ADDRESS2: _____ TEL No.: _____

OFFICE ADDRESS3: _____ TEL No.: _____

MEDICAL SCHOOL:
NAME OF INSTITUTION INCLUSIVE DATES

ROTATING INTERNSHIP:
NAME OF INSTITUTION INCLUSIVE DATES

EYE RESIDENCY:
NAME OF INSTITUTION INCLUSIVE DATES

SIGNATURE

DATE