

JURAT NOTARIZATION

I, _____, respectfully apply for the DIPLOMATE Part ____ Examination conducted by the PHILIPPINE BOARD OF OBSTETRICS & GYNECOLOGY.

I hereby certify that the information and documents submitted in this compilation are TRUE and CORRECT. I authorize the PHILIPPINE BOARD OF OBSTETRICS & GYNECOLOGY to check and examine all related documents in support of any or all of the entries in my application requirements. I understand that any false information indicated herein may affect my present and future application/s for the Certifying Examinations, aside from possible legal liabilities.

SIGNATURE OVER PRINTED NAME

SUBSCRIBED AND SWORN to before me, this _____ day of _____
in _____ City, affiant exhibiting to me her _____ ID
No. _____ issued by _____ valid until _____.

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Series of 20 _____