



# PROFESSIONAL REGULATION COMMISSION

DAVAO

PHYSICIAN

SEPTEMBER 7,8,14 & 15, 2019

(PWD / Pregnant)

**School :** DAVAO MEDICAL SCHOOL FOUNDATION

**Address :** MEDICAL SCHOOL DRIVE, BAJADA, DAVAO CITY

**Building :** ANNEX

**Floor :** 2ND

**Room/Grp No. :** 1

Seat No.	Last Name	First Name	Middle Name	School Attended
25	IDUL	CHRIS GI	FERIDO	DAVAO MEDICAL SCHOOL FOUNDATION

**REMINDER:** USE SAME NAME IN ALL EXAMINATION FORMS. IF THERE IS AN ERROR IN SPELLING AND OTHER DATA KINDLY REQUEST YOUR ROOM WATCHERS TO CORRECT IT ON THE FIRST DAY OF EXAMINATION. REPORT TO YOUR ROOM ON OR BEFORE 6:30 A.M. LATE EXAMINEES WILL NOT BE ADMITTED.