


Professional Regulation Commission
ILOILO CITY
Licensure Examination for N U R S E
June 5 & 6 , 2016
School : ILOILO DOCTORS' COLLEGE
Address: WEST TIMAWA MOLO, ILOILO CITY
Building : AVR3
Floor : 2ND FLR.
Rm/Grp No.: 7

Seat No.	Last Name	First Name	Middle Name	School Attended
18	CASTRO	SHERYLL GRACE	VALLE	UNIV.OF ILOILO
19	SANZ	SHEILA MAE	ABANALES	RIVERSIDE COLL.
20	YOUNG	JOSHER JAY	MAYPA	CNTRL PHIL.ADVENTIST

REMINDERS:.

USE SAME NAME IN ALL EXAMINATION FORMS. IF THERE IS AN ERROR IN SPELLING IN NAME AND/OR SCHOOL NAME, PLEASE REPORT TO THE EXAMINATION DIVISION BEFORE THE EXAMINATION OR KINDLY REQUEST YOUR ROOM WATCHERS TO CORRECT IT ON THE FIRST DAY OF EXAMINATION.