



ILOILO DOCTORS' COLLEGE

West Avenue, Molo, Iloilo City

Tel. No. 335-8262

OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

CERTIFICATION

(date)

To whom it may concern:

This is to certify that _____
(name of student)
is officially enrolled for the _____ Semester, Academic Year 20 _____ -
20 _____ as a _____ year student of Iloilo Doctors' College,

(department).

This certification is issued upon the request of _____
for hospital treatment purposes only.

DR. CHRISTINE JOY A. TRESPECES
*VP for Student/Alumni Affairs & Sports
Development*