



ILOILO DOCTORS' COLLEGE

West Avenue, Molo, Iloilo City

Tel. No. 335-8262

OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

NOMINATION FORM

THE SCREENING COMMITTEE

Recognition Program 201____

Iloilo Doctors' College

The College/ School of _____ would like to
nominate and recommend _____ for the
_____ Award.

Attached herewith are the documents pertinent to his/her qualifications.

Guidance Counselor of the Department

Department Student Council Adviser

Dean, College/ School of _____