



KIDAPAWAN DOCTORS COLLEGE, INC
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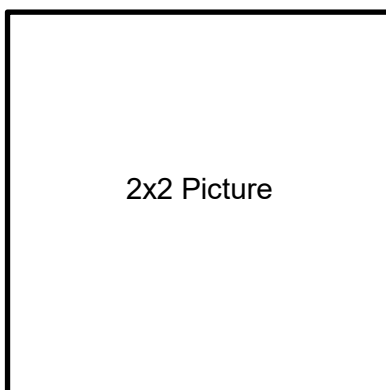


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RESEARCH REVIEWER'S INFORMATION SHEET



CONTACT INFORMATION			
Mobile Number/s			
Email			
Facebook			
Current Address			
Affiliated Institution			
EDUCATIONAL BACKGROUND			
Level	School/Institution	Year Graduated	Award
Elementary			
Secondary			
Vocational			
Bachelor's Degree			
Master's Degree			
Doctor's Degree			
Fellowships			

ELIGIBILITY		
Eligibility	Date Acquired	Valid Until

WORK EXPERIENCES		
Institution	Designation	Inclusive Dates

RESEARCH-RELATED AWARDS AND RECOGNITIONS	
Award and Recognition	Institution

I **CERTIFY** that above information are correct and true and that I give my consent to the collection of my personal data in accordance with the needs and requirements of the KDCI Research and Publication Department.

Signature over Printed Name

Date Signed