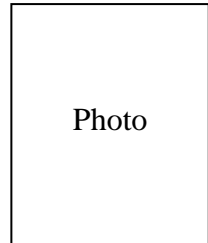




THE COLLEGE OF DENTAL SURGEONS OF HONG KONG  
香港牙科醫學院

Application Form  
Exit Examination for Fellowship



Last Name: \_\_\_\_\_ (BLOCK LETTERS)  
Other Names in full: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \*M / F Nationality: \_\_\_\_\_  
HKID Card No.: \_\_\_\_\_ DCHK Registration No.: \_\_\_\_\_  
Full Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

I wish to enter for the Exit Examination for the Fellowship of the College of Dental Surgeons of Hong Kong in the Specialty of \_\_\_\_\_.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved Training Centre(s):  
\_\_\_\_\_  
\_\_\_\_\_

Date of passing Intermediate Examination (D/M/Y): \_\_\_\_\_

Recommended by

Name of Trainer / Supervisor(s): \_\_\_\_\_ Signature \_\_\_\_\_

\* Delete as appropriate

**FOR OFFICIAL USE**

**Approved by**

\_\_\_\_\_  
Signature  
Name \_\_\_\_\_  
Chairman of Specialty Board

\_\_\_\_\_  
Signature  
Name \_\_\_\_\_  
Secretary of Specialty Board

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:**

The personal data provided will be used by the College of Dental Surgeons of Hong Kong for the following purpose:

- 1) Proof of eligibility and conduction of the examination
- 2) Record of examination results and contact of candidates
- 3) For preparing statistics.

Please attach to this form one passport size photograph in the space provided and the full fee of HK\$11,000 (Exit Examination). Cheque made payable to "The College of Dental Surgeons of Hong Kong" and return to College Secretariat, The College of Dental Surgeons of Hong Kong, Room 902 HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.