Conjoint Examination Application Form
(Unseen Case Viva Voce)

COLLEGE OF DENTAL SURGEONS OF HONG KONG
ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS

Last name of candidate (BLOCK letters) ________________________________

Other names in full (BLOCK letters) ________________________________

Date of birth ________________________________ Sex: M / F

Full postal address (for examination notice)

__________________________________________________________________

__________________________________________________________________

Contact phone no ________________________________ E-mail address ________________________________

I wish to enter for MGD/MRACDS(GDP) Conjoint Viva Examination on 6 March 2016.

Date __________________ Signature __________________

1 Please state your degrees or qualifications and where obtained (with dates)

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

(candidates whose names do not appear in the current Dentist Register must submit evidence of their qualifications and the date of acquirement thereof)

2 Dental Council of Hong Kong registration number ________________________________

3 If you hold a surgical or dental Fellowship of a Surgical College, please state title and date

__________________________________________________________________

__________________________________________________________________

Additional Diplomas ________________________________________________

PLEASE NOTE: NO APPLICATION FORMS OR DOCUMENT/CERTIFICATES WILL BE ACCEPTED BY FAX.
IMPORTANT NOTICE

1. Please return the application together with cheque made payable to “The College of Dental Surgeons of Hong Kong” for the amount of HK$25,000, being the conjoint examination fee, to Chairman, Committee of General Dentistry, The College of Dental Surgeons of Hong Kong, Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, not later than 30 November 2015.

2. Candidates withdrawing from the examination must do so in writing. The whole entrance fee may be returned, less 20% administration charges, or transferred to the next diet of the examination where written notice is received by the College prior to the closing date for receipt of applications. Half of the entrance fee may be returned or transferred to the next diet of the examination where written notice is received not less than 21 days before the commencement of the examination. After that date no refund or transfer of entrance fees will normally be made to candidates who withdraw from the examination or fail to attend for any reason whatsoever. No allowance will be made for postal or other delays.

3. No change can be made after the dates for the viva examinations have been allocated.

4. The personal data provided will be used by The College of Dental Surgeons of Hong Kong and The Royal Australasian College of Dental Surgeons for the following purpose:
   a. Proof of eligibility and conduction of examination
   b. Record of examination results and contact of candidates
   c. For preparing statistics

☐ I enclose a cheque (cheque/banker’s draft no.:____________ ) for HK$25,000.- being the examination fee for 2016 MGD/MRACDS(GDP) Conjoint Viva Examination.

Name (BLOCK letters) .................................................................