



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

Application Form
Part I Examination for MGD Training Programme

Exam Date : 8 January 2017 (Sunday)

Photo

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 Part I Examination 2017 for the MGD Training Programme of the College of Dental Surgeons of Hong Kong.

Date: _____

Signature: _____

Recommended by

Name of Mentor(s): _____ Signature _____

* Delete as appropriate

FOR OFFICIAL USE

Approved by

Signature

Dr. Liu Wai Ming Haston

Chairman, Committee of General Dentistry

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\$12,500 (Part I Examination 2017). Cheque made payable to “**The College of Dental Surgeons of Hong Kong**” and return **before 25 August 2016** (to College Secretariat, 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)