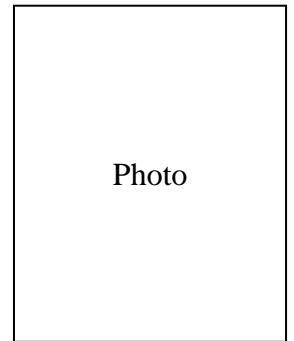




THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

Application Form - MGD Part II Examination
Exam Dates : 8-11 August 2017



Last Name: _____ (BLOCK LETTERS)

Other Names in full: _____

Chinese Name: _____ Date of Birth: _____

Sex: *M / F Nationality: _____

HKID Card No.: _____ DCHK Registration No.: _____

Postal Address: _____

Daytime Telephone No.: _____ Facsimile No.: _____

Mobile : _____ E-mail address: _____

**I would like to apply for MGD Part II Examination of the College of Dental Surgeons of Hong Kong.
I understand that I have to fulfil the minimum requirement 80% attendance of EDP/SDP modules.**

Date : _____ Signature : _____

Recommended by

Name of Mentor(s): _____ Signature : _____

** Delete as appropriate*

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 one passport size photograph in the space provided and pay the full fee of HK\$7,500 (MGD Part II Examination 2017). Cheque made payable to "The College of Dental Surgeons of Hong Kong" and return **on/before 15 May 2017** 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.

FOR OFFICE USE ONLY

Approved by

Signature: _____ Date: _____

Dr. Liu Wai Ming Haston
Chairman, Committee of General Dentistry, CDSHK.