



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 : 12 January 2020 (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 2020 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 Bun Ka YIU  
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 2020). Cheque made payable to “**The College of Dental Surgeons of Hong Kong**” and return **before 15 August 2019** (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)