



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

**Application Form - MGD Part II Examination**  
**(By Full Exam and CAT Diet)**  
**Exam Dates : 27-28 August 2020**

Photo

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 2020). Cheque made payable to “**The College of Dental Surgeons of Hong Kong**” and return **on/before 20 April 2020** 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. Bun Ka YIU  
Chairman, Committee of General Dentistry, CDSHK.