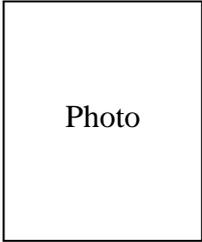




**THE COLLEGE OF DENTAL SURGEONS OF HONG KONG**  
**香港牙科醫學院**

**Application Form - MGD Part II Examination**  
**Credit Accumulation and Transfer (CAT) Diet**  
**Exam Date : 1-2 March 2017**



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 would like to attend MGD Part II Examination of the College of Dental Surgeons of Hong Kong.  
I must fulfil the minimum requirement 80% attendance of EDP / SDP modules within 30 December 2016.**

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\$7,500 (CAT Diet Part II Examination 2017). Cheque made payable to "The College of Dental Surgeons of Hong Kong" and return **before 5 October 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)