



香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
Room 908, 9/F, HKAMJC Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Application to be an Associate Fellow

I hereby apply for admission to the Hong Kong College of Community Medicine as an Associate Fellow. My particulars are as follows:

Name: (surname first) _____

Name in Chinese: (if applicable) _____ ID No. _____

Sex: _____ Date of Birth: _____ (dd/mm/yy)

Correspondence Address: _____

Tel. No.: _____ (Office) _____ (Mobile/Pager)

Fax No.: _____ E-mail Address: _____

MCHK Number: _____

Basic Medical Qualification:

| <u>Qualification</u> | <u>Granting Authority</u> | <u>Year Obtained</u> |
|----------------------|---------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Qualifications:

| <u>Qualification</u> | <u>Granting Authority</u> | <u>Year Obtained</u> |
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Please return the completed form to Dr Jackie Leung, Hon Secretary
c/o Secretariat, Hong Kong College of Community Medicine
Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK
(Fax : 2580 7071)

Working Experience:

| <u>Institution</u> | <u>Post</u> | <u>From</u> | <u>To</u> |
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Date of Passing Part I Examination : _____ **(mm/yy)**

I declare that the particulars given in this application are true and accurate.

Signature : _____

Date : _____