



The College of Ophthalmologists of Hong Kong

Room 802, 8/F., HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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Photo

Application Form For Fellowship / Associate Fellowship / Associate Member

(Please delete as appropriate)

Name _____ (in English) _____ (in Chinese)

Date of Birth _____ Sex _____

Address Home _____

Tel No _____ Fax No _____

Office _____

Tel No _____ Fax No _____

Pager/Mobile No _____ Email _____

HKID Card No / Passport No _____

Qualifications (Please give date and where obtained)

Past Training / Experience (including internship, residency, and specialty training, with date and location)

Current Appointment (including full-time and part-time appointment)

Special Interests in Ophthalmology

Publications, Prizes

Signature _____ Date _____

Nominator (Name) _____ Signature _____

Seconder (Name) _____ Signature _____

For Official Use

Application APPROVED / NOT APPROVED by Council on _____

Remarks _____