



香港眼科醫學院

# 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*)

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

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

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Publications, Prizes

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Nominator (Name) \_\_\_\_\_ Signature \_\_\_\_\_

Seconder (Name) \_\_\_\_\_ Signature \_\_\_\_\_

For Official Use

Application APPROVED / NOT APPROVED by Council on \_\_\_\_\_

Remarks \_\_\_\_\_