Personal Data

Name : _____
(In capital letters, surname first)

Chinese name : _____ Sex : _____

ID / Passport Number : _____

Home address : _____

_____

Telephone No. : _____ (Office) _____ (Home)

Fax No. : _____ (Office) _____ (Home)

Date of registration with Hong Kong Medical Council : _____ (mm/yy)

Date of joining the Hong Kong College of Paediatricians as Associate : _____ (mm/yy)

Primary qualification : Date _____ (mm/yy) Degree _____

University _____

Other qualifications :	Date (mm/yy)	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appointments

(In chronological order, including internship)

From	To	Post	Department	Hospital / Institution	Supervisor