Personal Data

Name:	(In capital letters, surname	first)	
Chinese name :		···········	
ID / Passport Number :	-Market	and the second of the second o	
Home address :			
Telephone No. :			
Fax No. :	(Office)		_(Home)
Date of registration with Hong	Kong Medical Council:		(mm/yy)
Date of joining the Hong Kong C	ollege of Paediatricians as As	sociate :	_(mm/yy)
Primary qualification : Date	(mm/yy)	Degree	
Univers	sity		-
Other qualifications :	Date (mm/yy)	Place	
		-	
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Appointments

(In chronological order, including internship)

From	То	Post	Department	Hospital / Institution	Supervisor
				March 1981 1981 1981 1981 1981 1981 1981 198	
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