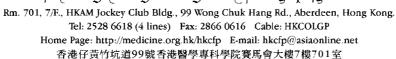


香港家庭醫學學院

The Hong Kong College of Hamily Physicians





APPLICATION FOR REINSTATEMENT OF MEMBERSHIP

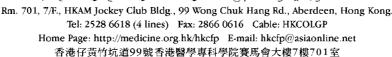
Please note that in order to allow adequate time for processing, only applications received by the end of each month will be assessed in the council meeting of the following month.

PERSONAL PARTICULARS: Name in English:		
(Surname first, Block Letters, Please)		
Name in Chinese:	I.D.Card No.:	
Sex:	Date of Birth:	
Place(s) of Practice:		
	Telephone No. (2):	
Fax No. (1):	Fax No. (2):	
E - Mail Address:		
Correspondence Address English (Mandatory):		
Chinese:		
I have allowed my membersh reinstatement.	ip to expire in the year	, I am applying for
DEGREES AND OTHER QUOT (As approved by the Hong Kong Mo	•	
Qualification	Date Obtained	Granting Authority
REGISTRATION:	1	
Registration Authorities	Registration Number	Date of Full Registration
Hong Kong Medical Council		
- 8		



香港家庭醫學學院

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Please indicate in details the following if applicable:

- (i) Previous criminal record or current criminal investigation in any jurisdiction.
- (ii) Previous medical council disciplinary record or equivalent in any jurisdiction.
- (iii) Current medical disciplinary investigation or proceedings in any jurisdiction.

I hereby give an undertaking that on admission to the Hong Kong College of Family Physicians, I will:-

- (i) uphold and promote to the best of my ability the aims and objectives of the College;
- observe and comply with the provisions of the Memorandum and Articles of Association and such Regulations and Bye-laws of the College as may from time to time be in force; and
- (iii) undertake and continue approved post-graduate study while I remain in active general practice.

		K\$, being the sum of HK\$850.00 Annual Subscription Fee for the year
I consent to the pers administrative purpose		ed herein to be used by the College for all academic and
Applicant Signature:		Date:
v	ong Chuk Hang Roo	ry, The Hong Kong College of Family Physicians, Rm701, HKAM ad, Aberdeen, Hong Kong with:
- a cheque for you Physicians" which a copy of your ann	r entrance and sub h will be returned in ual practising certif	scription fee payable to "The Hong Kong College of Family case of unsuccessful application icate issued by the Hong Kong Medical Council e if you are fresh medical graduate for the first 3 years after
For Office Use Only	Y	
Entrance Fee	: HK\$	paid and
Annual Subscription	: HK\$	paid for the year
Recommended /Not rec	commended by Mer	mbership Committee
Signed:	Membership Comm	Date:

Application for Associate Membership approved by the Council on _