

Personal Particulars

Surname : _____

Given Name: _____

Sex : Male / Female Date of Birth : _____

Date of Graduation: _____

Place of Graduation: _____

Postgraduate Qualifications: _____

Dates of HKCOG Examination (or equivalent) attempted:

Part I _____

Part II _____

Structured Oral Examination _____

Exit assessment _____

Pre-registration and Post-registration Appointment:

Date From / To	Grade	Department	Hospital

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SOE : Structured Oral Examination

