2020 Prize for Best Original Research by Trainees

ABSTRACT FORM

Principal Investigator

Surname*:		Name in Chinese:	
Forename*:		MCHK/DCHK no.*:	

Institution*:	
Department*:	

Correspondence address*:	_____ _____ _____		
Contact tel. no.*:		Contact fax no.:	
Email address*:			

You are a trainee of the College of (tick ✓)*:

- ❑ Anaesthesiologists
- ❑ Community Medicine
- ❑ Dental Surgeons
- ❑ Emergency Medicine
- ❑ Family Medicine
- ❑ Obst. & Gynaecologists
- ❑ Ophthalmologists
- ❑ Orthopaedic Surgeons
- ❑ Otorhinolaryngologists
- ❑ Paediatricians
- ❑ Pathologists
- ❑ Physicians
- ❑ Psychiatrists
- ❑ Radiologists
- ❑ Surgeons

*Fields marked with * are required.*

Declaration

I hereby declare that I am the principal investigator of the research submitted.

Signature :_____ Date : _____

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