



## 2011 Prize for Best Original Research by Trainees

### ABSTRACT FORM

#### Principal Investigator

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ Name in Chinese: \_\_\_\_\_

Institution : \_\_\_\_\_ Department : \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anaesthesiologists | <input type="checkbox"/> Community Medicine   | <input type="checkbox"/> Dental Surgeons        |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Family Medicine      | <input type="checkbox"/> Obst. & Gynaecologists |
| <input type="checkbox"/> Ophthalmologists   | <input type="checkbox"/> Orthopaedic Surgeons | <input type="checkbox"/> Otorhinolaryngologists |
| <input type="checkbox"/> Paediatricians     | <input type="checkbox"/> Pathologists         | <input type="checkbox"/> Physicians             |
| <input type="checkbox"/> Psychiatrists      | <input type="checkbox"/> Radiologists         | <input type="checkbox"/> Surgeons               |

#### Declaration

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

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

#### For office use:

Abstract No. : \_\_\_\_\_ Postmark : \_\_\_\_\_

Sent to College : \_\_\_\_\_ Sent to Panel : \_\_\_\_\_