



**THE COLLEGE OF SURGEONS OF HONG KONG**  
**Carlos A. Pellegrini Fellowship**

**PROFORMA**  
**(to be completed by applicant)**

**Personal Details**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact No.** \_\_\_\_\_

**Pager / Mobile:** \_\_\_\_\_

**Professional Details**

**Professional Details:** \_\_\_\_\_

**Current Post:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Letters of reference (optional)**

**Names and addresses of two professional referees:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please use the space below for a summary of the proposed travel plan**

**Preferred centre(s):** 1. \_\_\_\_\_

and/or *(please circle the appropriate)*

2. \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_