



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: _____

Preferred Centre(s):

*(please circle the appropriate)**

1. _____ *(and / or)**

2. _____ *(and / or)**

3. _____

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

Signature: _____

Date: _____