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THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH



THE HONG KONG
COLLEGE OF
OTORHINOLARYNGOLOGISTS

**JOINT INTERCOLLEGIATE HIGHER SPECIALIST EXAMINATION
IN OTORHINOLARYNGOLOGY
WRITTEN EXAMINATION**

APPLICATION FORM

Last name of candidate _____
(BLOCK LETTERS)

Other names in full _____
(BLOCK LETTERS)

Date of Birth _____ Sex _____

Degrees or qualifications where obtained, with dates _____

(Candidates whose names do not appear in the current medical Register must submit evidence of the qualification, and the date of acquirement thereof.)

Full postal address : _____
(for examination notice)

Contact Telephone No : (Office) _____ (Home) _____

(Mobile) _____ (Pager) _____

Email Address : _____ Fax: _____

Permanent address : _____

Remarks: Applicants are required to provide the most updated and valid email address and corresponding address. The Hong Kong College of Otorhinolaryngologists will not take any responsibility of the consequence if any message delivering to the above email address and corresponding address cannot reach the applicants.

Date and year of passing Intercollegiate Part 3 Examination _____ *(Please enclose certified true copy of your certificate.)*

I wish to apply for the Joint Intercollegiate Higher Specialist Examination in Otorhinolaryngology – **Written Examination (two Single Best Answer Paper 1 & 2) on 15 April 2026 (Wednesday).**

I enclose a cheque no. (_____) made payable to 'The Hong Kong College of Otorhinolaryngologists' for payment of the examination fee (HKD9,000).

(Full Name of Candidate)

(Signature)

(Date)

