**The University of Hong Kong -Shenzhen Hospital**

**Visiting studying applicant CV**

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| **Personal Information** |
| Name |  | Gender |  | Date of birth |  |
|  Degree |  | Length of Service |  | Mobile No. |  |
| Organization &Position |  | Professional Title/Job Title |  |
| Contact address |  | Email |  |
| Physician Certificate of Qualification Number |  | Physician Practice certificate number |  |
| **Education Background & Work Experience (Start From University)** |
| *(YYYY/MM-YYYY/MM; School& Unit; Major & Degree & Position)* |
| **Professional Ability & Specialty** |
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