

Integrative Medical Centre 中西醫結合醫務中心

4L, 4/F, Day Treatment Block
Prince of Wales Hospital, Shatin, N.T., Hong Kong
香港新界沙田威爾斯親王醫院日間診療大樓4樓4L

Tel 電話 : (852) 2873 3100
Fax 傳真 : (852) 2873 3613
Email 電郵 : imc.info@cuhk.edu.hk
Website 網址: www.imc.org.hk



中大職員其合資格家屬 / 中大校友身份聲明書

本人_____ (姓名), 身份證號碼: _____ (), 為香港中文大學之

職員_____ (姓名), 職員編號: _____ 的配偶/未滿21歲的受供養子女。

校友(學系: _____ *本科/研究院, 畢業年份: _____ 年, 所屬書院: _____)

本人聲明是次所提供及隨附文件所載的資料, 依本人所知均屬真確。如上述資料有任何改變, 本人同意從變更之日起30天內向中西醫結合醫務中心作出通知。

*請在適當之方格內加上✓號及刪去不適用者

聲明人簽署: _____ 日期: _____

CUHK Staff Dependent / CUHK Alumni Declaration Form

I, _____ (Full Name), HKID : _____ (), am

Spouse / dependent children under the age of 21 resident in Hong Kong of CUHK's Staff _____ (Full Name), Staff ID : _____

Alumni (Faculty/Department : _____ *Undergraduate/ Postgraduate
Year of Graduation : _____, College : _____)

I declare that, all information provided in this declaration form and the attached documents are, to the best of my knowledge, accurate and complete. If there is any change in the above information, I agree that I will inform Integrative Medical Centre within 30 days from the date of change.

*Please insert ✓ and delete as appropriate.

Signature: _____

Date: _____

此欄由本診所職員填寫 (Office Use Only)

Received by: _____

Verified by: _____

Clinic stamp : _____

IMC/A/Office/Form 12/V01/Nov 2016

香港中文大學醫學院

Faculty of Medicine

The Chinese University of Hong Kong *Transforming our Passion into Perfection*

