

**INSTITUTE OF CHINESE MEDICINE** 

## Panacea Lodge Quarters Application Form

(The personal data provided in this form will be used by the Institute of Chinese Medicine (ICM) for considering and handling application for residence at the Panacea Lodge. The completed form should be submitted to the General Office of ICM in E205, Science Centre East Block, CUHK, or by fax 26035248.)

Name of Applicant:	(English)		(Chinese)
Gender: Male/Female Age: Below 30	) 30-55	Above 5	5
Department:		Staff ID:	
Tel No: (Office)	(Cell Phone)		
Fax No.:	Email:		
Expected Duration of Stay: From	to		(inclusive)
Name of Supervisor:			
Capacity of Applicant: ICM Staff / ICM Visitor or	· Affiliated Staff /	Staff or Visitor of	other CUHK Departments
	To be paid by Department Project Account number:		
Letter of appointment/invitation attached	(please check a	and "√")	
Signature of Applicant:	Endorsed by Supervisor:		
Date:	Date:		
<b>Note:</b> If the applicant has not yet arrived at H.	K., please give	e details of the c	contact person:
(Name):	(Tel N	lo):	
<ul> <li>Not Approved</li> <li>Approved for the period:</li></ul>			For Office Use Only
Room Allocated: Remarks:		HK\$	
By: for Chair.	man, Managemen	t Committee, ICM	
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