



BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

2 copies
Passport size
Coloured Photo

Application form (Training allowances for the FCPS Part-II honorary trainees)

General information	
Applicant's Name (Block Letters):	
Father's/Spouse Name:	
Mother's Name:	
Date of Birth:	
Nationality:	
Religion:	
National ID No.:	
Address of communication	
	Mobile: <input type="text"/> Tel (Res): <input type="text"/>
	E-mail: <input type="text"/>
Permanent Address:	
MBBS/BDS Data	Year of Qualification: <input type="text"/>
	Institute: <input type="text"/>
BMDC Reg. No.:	
FCPS PART-I Examination Data	Specialty: <input type="text"/> Roll No: <input type="text"/>
	Year of Passing: <input type="text"/> January <input type="text"/> July <input type="text"/>
Online Reg. No./ Enrollment No./ Reg. No. (after passing FCPS Part-I)	
Are you selected or continuing the residency training/diploma course/ Govt. service/Private service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please mention: Starting date: <input type="text"/> Ending date: <input type="text"/>

Training database:				
Are you continuing the FCPS training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill up the following table				
Name of the Institutes	Name of the Department	Name of the Supervisor, Designation	Duration of training	
			Starting date	To be ended or continued

Have you obtained FCPS training before:				
Name of the Institutes	Name of the Department	Name of the Supervisor, Designation	Duration of training	
			Starting date	Ending date

Please mention the name of the three government institutes with department recognized by BCPS according to your choice where you want to obtain the fellowship training:				
Name of the Institutes	Name of the Department	Duration of training		
		Starting date	Ending date	
1.				
2.				
3.				

Bank Information of the applicants:				
Name in block letters (as per Bank Account):				
Name of the bank:		Name of the branch:		
Account Number (13 digits or above):		Routing Number:		

Undertaking:
I Dr.declared that the information given by me in this form is entirely true and authentic. The application may be cancelled if any information mentioned above is found to be false or incomplete.
..... Applicant's Signature & Date

- Enclosures:**
- Two copies of recent passport size coloured photograph
 - Congratulation letter of FCPS Part-I
 - Certificate of MBBS/BDS
 - Permanent registration certificate of BMDC
 - Training certificates (if applicable)
 - A page of the Bank Cheque book of the applicant
 - National ID card
 - Other necessary documents (Joining letter, Testimonial, Honorary training allowance form etc.)

For Official use only				
Applicant's will be scrutinized by the department of Research and Training Monitoring (RTM) of BCPS				
The applicant is: eligible <input type="checkbox"/> not eligible <input type="checkbox"/>				
Principal Research Officer	Honorary Director (RTM)	Deputy Director Admin	Director Admin	Honorary Secretary