



Bangladesh College of Physicians and Surgeons (BCPS)

Mohakhali, Dhaka 1212

Assessment for Accreditation of Training

Information to be filled in by the Institute requesting for accreditation

Part-A: General Information

(This information will be used by Inspection Team while the Institute will be inspected and verify on spot on the information. The inspection team is requested to verify on spot and fill accordingly, all the categories marked by *)

1. Name of the institute:

2. Name of the department seeking accreditation:

3. Status of the institute: Government

Non-Government

4. *Recognition of BMDC: (Please tick one)

Yes	
No	
Not applicable	

(If yes, please provide supporting document)

5. Type of recognition: (Please tick one)

Permanent	
Temporary	

6. License by DGHS: Supporting document-

Present	
License No.	
Not applicable	

(If yes please provide supporting document)

Hossain

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Hasina

7. Affiliation with University:

Affiliated with University	
Not affiliated/ not applicable	

(If affiliated, please provide supporting document)

8. Total number of beds:

Total number of beds of the institute	
Number of beds where no payment is done by the patients	
Number of beds where food and/or medicine charges are paid	

9. Previous visit by the BCPS inspection teams:

 Yes

 No

10. If yes, please give visit details: (Please use separate page if required)

Name of the department for which accreditation was requested	Accreditation (Please tick appropriately)		Period of accreditation in months	Validity of the period (In years)
	Obtained	Not obtained		

11. Special observation made during the accreditation by BCPS team:

(Please submit photocopy of the original observation for each department separately)

12. Steps taken to address the observations: (Please separate sheets for each department)

Mossain

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Abirna

Part-B : Information about the Department requesting for accreditation

Department did not apply for accreditation previously

Department was accredited previously but required re-accreditation

Department was NOT CONSIDERED for accreditation due to short comings

1. *Number of beds in the department applied for accreditation

Total number of beds of the Department	
Number of beds where no payment is done by the patients	
Number of beds where food and/or medicine charges are paid	

2. *Availability of the sub-specialty of the relevant department:

 Yes

 No

3. If yes, number of beds in the sub-specialty departments that are related to the department seeking accreditation

Total number of beds of the Departments	
Number of beds where no payment is done by the patients	
Number of beds where food and/or medicine charges are paid	

4. Availability of Emergency service:

 Yes

 No

5. *Availability of emergency admission in the department requesting for accreditation

 Yes

 No

6. *Availability of ICU service

 Yes

 No

If yes

Number of beds
Number of ICU doctors

Number of ventilators
Number of ICU staff

Mossain

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Hanna

