

Registration Form B

for enrollment as trainee
for Preliminary FCPS Part-II,
FCPS, MD and MS qualified
candidate



BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

Passport size
Colour Photo

GENERAL INFORMATION		
Name:		
Father's/Husband's Name		
Mother's Name		
Date of Birth		
National ID No.		
Mailing Address		
	Mobile:	Tel: (Res):
	E-mail:	
Permanent Address:		

FOR PRELIMINARY FCPS PART-II QUALIFIED TRAINEES	
Speciality:	
Year of Passing FCPS-I:	20 January <input type="checkbox"/> July <input type="checkbox"/>
Year of Passing Preliminary FCPS-II:	20 January <input type="checkbox"/> July <input type="checkbox"/>
Reg. No. after passing FCPS Part-I:	
Money Receipt No.	Date:

FOR FCPS, MD AND MS QUALIFIED TRAINEES	
Name of the Postgraduate degree	FCPS <input type="checkbox"/> MD <input type="checkbox"/> MS <input type="checkbox"/>
	Fellow's ID:
Subject	Year of Passing:
Name of the Institute/ University	
Seeking Registration for (Mention the Speciality)	
Present Working Place with designation	
Money Receipt No.	Date:

CURRENT TRAINING INFORMATION	
Name of the Institute	
Name of the Department	
Name of the Supervisor, Designation & Post Graduate Qualification	

UNDERTAKING

The information given by me in this form is entirely correct. I understand that for wrong information punitive action may be taken by BCPS which may amount to cancellation of Registration and debarring from appearing in examination of the BCPS for such periods as specified by the BCPS.

I undertake to keep the BCPS informed about my training every six months and submit progress report from my trainer/supervisor after every six-month period of training effective from January 2012 Session. I undertake to inform the BCPS in case of transfer/change of supervisor. I understand that training undertaken by me without registration and prior information and training for which progress report has not been submitted within the stipulated time will not be accepted by the BCPS for the purpose of appearing in BCPS examinations. I further understand that day to day activities during my training period should be entered into the Log book collected from BCPS.

I understand that I have to complete my dissertation/thesis at least 6 months before I intend to appear in the FCPS (Sub-speciality)/ FCPS part-II examination which is effective from July 2010 Session.

(Full Name of the trainee)

Date: / /

(Signature of the trainee)

I am willing to supervise the above named FCPS II trainee in the Speciality of commencing training from / /

Signature of the Head of
the Institute (With Seal)

Signature of the Supervisor
(With Seal)

DOCUMENTS TO BE ENCLOSED:

1. Three colored passport size photographs.
2. Photo copies –
 - * For Preliminary FCPS Part-II passed trainee (a) Congratulation letter of passing FCPS Part-I exam (b) Congratulation letter of passing Preliminary FCPS Part-II exam. (c) Registration Certificate of BMDC.
 - * For FCPS / MD / MS Qualified Candidates (a) FCPS / MD / MS Certificate (b) FCPS/ MD/ MS Registration Certificate of BMDC.
3. Money receipt of Registration fee.

IMPORTANT NOTE: Communication will be undertaken via e-mail and cell phone. Trainees must keep updated information with BCPS about their cell number and e-mail address.

FOR OFFICE USE ONLY	
Reg. No.	
Date of Application:	
Speciality:	