



বাংলাদেশ কলেজ অব ফিজিশিয়ানস্ এন্ড সার্জনস্

Bangladesh College of Physicians & Surgeons

APPLICATION FORM (Provisional/Original Certificate)

1 Copy
Passport Size
Photograph

1. Name in Block letters:

2. Degree: (Please ✓)

	FCPS		MCPS
--	------	--	------

3. Type of Certificate: (Please ✓)

	Provisional		Original
--	-------------	--	----------

4. Specialty:

5. Year of Passing: Session: January/July

6. Fellow No/Member No:

7. Address of Communication:

8. Mobile No:

Email:

9. Amount Tk.

10. i) Bank Name:

ii) Branch Name:

iii) P.O No/D.D. No:

.....
Signature of the applicant with date

Name (Block Letter):

Information:

i) Original Certificate fee: 11,000/- (After Convocation)

ii) Provisional Certificate fee: 8,000/- (Without Convocation)

iii) If there is a Provisional Certificate then fee for Original Certificate: 4,000/-
(Provisional Certificate must be submitted along with the Application form)

iv) Original Bank money receiptorP.O/D.Dis to be submitted to the cash section ofBCPS.

Bank Information:

Bank Account Name : Secretary, BCPS.			
Agrani Bank Limited, ICDDR Br., Mohakhali, Dhaka. Account No:- 0200002443090	Trust Bank Limited Account No:- 00220320001167	Dhaka Bank Limited (DBL) Account No:- 02071500000887	United Commercial Bank Limited Account No:- 0781301000000256

67, Shaheed Tajuddin Ahmed Sarani, Mohakhali, Dhaka-1212, Bangladesh.

Tel: 222295006, 222284189, 222291865, 222284914, Fax: 880-2-222288928, E-mail : bcps@bcps.edu.bd, Web: www.bcps.edu.bd