



# BANGLADESH COLLEGE OF PHYSICIANS & SURGEONS

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

## APPLICATION FORM (Provisional/Original Certificate)

1 Copy  
Passport Size  
Photograph

1. Name in Block letters :


2. Degree : (Please ✓)

<input type="checkbox"/>	FCPS	<input type="checkbox"/>	MCPS
--------------------------	------	--------------------------	------

3. Type of Certificate : (Please ✓)

<input type="checkbox"/>	Provisional	<input type="checkbox"/>	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

### 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)

### Bank Information :

<b>Bank Account Name : Secretary, BCPS.</b>		
Online Account (Any Branch)		Agrani Bank Limited, ICDDR Br., Mohakhali, Dhaka.  Account No:- 0200002443090
United Commercial Bank Limited Account No:- 0781301000000256	Dhaka Bank Limited (DBL) Account No:- 02071500000887	

*(Handwritten signatures)*