

# Bangladesh College of Physicians and Surgeons (BCPS)

Mohakhali, Dhaka-1212.

## Examinations Department

### Information Update Form

To

**Controller of Examinations**

Bangladesh College of Physicians and Surgeons (BCPS)  
67 Shaheed Tajuddin Ahmed Sharani  
Mohakhali, Dhaka.

**E-mail: examoffice@bcps.edu.bd**

**Subject: Information update after qualifying written examination.**

**Name of candidate** (Block Letter): \_\_\_\_\_  
(must match name at registration)

Subject: \_\_\_\_\_ Roll No. \_\_\_\_\_ BMDC Reg. No. \_\_\_\_\_

Last Training Institute: \_\_\_\_\_ Last Trainer's Name: \_\_\_\_\_

Course Institute: \_\_\_\_\_ Year of the Course \_\_\_\_\_

Course Director/Head of the Dept.: \_\_\_\_\_ Govt./Private Candidate \_\_\_\_\_

Present Posting Place/Attachment Institute (Not to mention OSD): \_\_\_\_\_

Head of the Institute: \_\_\_\_\_

Online Registration No: \_\_\_\_\_ Mobile No. \_\_\_\_\_

- *Please return the form to the Controller of Examinations, BCPS 5 (five) days before Clinical & Oral Examinations.*

\_\_\_\_\_  
**Signature of Candidate**

\_\_\_\_\_  
**Date**

