



BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

2 copies
Passport size
Coloured Photo

Application form (Training allowances for the FCPS Part-II honorary trainees)

General information	
Applicant's Name (Block Letters):	
Father's/Spouse Name:	
Mother's Name:	
Date of Birth:	
Nationality:	
Religion:	
National ID No.:	
Address of communication	
	Mobile: <input type="text"/> Tel (Res): <input type="text"/>
	E-mail: <input type="text"/>
Permanent Address:	
MBBS/BDS Data	Year of Qualification: <input type="text"/>
	Institute: <input type="text"/>
BMDC Reg. No.:	
FCPS PART-I Examination Data	Specialty: <input type="text"/> Roll No: <input type="text"/>
	Year of Passing: <input type="text"/> January <input type="text"/> July <input type="text"/>
Online Reg. No./ Enrollment No./ Reg. No. (after passing FCPS Part-I)	
Are you selected or continuing the residency training/diploma course/ Govt. service/Private service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please mention: Starting date: <input type="text"/> Ending date: <input type="text"/>

Current training database: (Please mention here current six month training duration only, if you have)

Are you continuing the FCPS training? Yes No If yes, please fill up the following table

Name of the Institutes	Name of the Department	Name of the Supervisor, Designation	Duration of training	
			Starting date	Ending date
			DD/MM/YYYY	DD/MM/YYYY

Have you obtained FCPS training before: (Please mention here previous completed training of every six month duration)

Name of the Institutes	Name of the Department	Name of the Supervisor, Designation	Duration of training	
			Starting date	Ending date
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY
			DD/MM/YYYY	DD/MM/YYYY

Mention the name of the institutes with department recognized by BCPS according to your choice where you want to obtain the fellowship training: (Please schedule the rest of training excluding current duration)

Name of the Institutes	Name of the Department	Duration of training	
		Starting date	Ending date
1.		DD/MM/YYYY	DD/MM/YYYY
2.		DD/MM/YYYY	DD/MM/YYYY
3.		DD/MM/YYYY	DD/MM/YYYY

Bank Information of the applicants:

Name in block letters (as per Bank Account):
 Name of the bank: _____ Name of the branch: _____
 Account Number (13 digits or above): _____ Routing Number: _____

Undertaking:

I Dr.declared that the information given by me in this form is entirely true and authentic. The application may be cancelled if any information mentioned above is found to be false or incomplete.

 Applicant's Signature & Date

Enclosures:

- Two copies of recent passport size coloured photograph
- Congratulation letter of FCPS Part-I
- Certificate of MBBS/BDS
- Permanent registration certificate of BMDC
- Training certificates (if applicable)
- A page of the Bank Cheque book of the applicant
- National ID card
- Other necessary documents (Joining letter/ Testimonial etc.)

For Official use only

Applicant's will be scrutinized by the department of Research and Training Monitoring (RTM) of BCPS

The applicant is: eligible not eligible

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Principal Research Officer Honorary Director (RTM) Deputy Director Admin Director Admin Honorary Secretary