

Registration Form A
for FCPS Part-II trainee



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:	
Enrollment/ Online Reg. No.	
Money Receipt No.	Date:

MBBS / BDS DATA	Year of Qualification:	
	Institute:	

FCPS PART-I DATA	Subject :	
	Roll No:	
	Year of Passing:	January <input type="checkbox"/>

TRAINING DATA BEFORE FCPS PART-I			
Name of the Institute	Name of the Department	Name of the Supervisor, Designation & Post Graduate Qualification	Duration of training

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 months period of training and within the time stipulated by the BCPS. 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 at least 6 months before I intend to appear in the FCPS part-II examination. I undertake to complete the compulsory training for dissertation writing as soon as possible.

_____ Date: / /
 (Full Name of the trainee)

_____ (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:

- Three coloured passport size photographs
- Photo Copies of (a) MBBS / BDS Certificate (b) MBBS / BDS Registration Certificate of BMDC (c) FCPS part I result/exemption (d) Training Certificate (e) Appointment & joining letter from the Training Institute.
- 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:	
Subject:	

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:	