



BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

Application form (Training allowances for the FCPS, MD/MS qualified 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:
	E-mail:
Permanent Address:	
MBBS/BDS Data	Year of Qualification:
	Institute:
BMDC Reg. No.:	
FCPS, MD/MS Examination Data	Name of the Postgraduate degree: FCPS <input type="checkbox"/> MD <input type="checkbox"/> MS <input type="checkbox"/>
	Subject:
	Year of Passing:
	Name of the Institute/ University:
Specialty (Enrolled in BCPS)	
Enrollment No./ Reg. No.	
Are you selected or continuing the Govt. service/Private service?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mention:

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

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 including FCPS course and 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

Applicant's Personal Bank Information:

Name in block letters (as per Bank Account):

Name of the bank:

Account Number (13 digits or above):

Name of the branch:

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:

1. Recent passport size coloured photograph
2. Certificate of MBBS/BDS
3. Certificate of FCPS/MD/MS
4. Enrollment letter from BCPS
5. Permanent registration certificate of BMDC
6. FCPS/ MD/ MS Registration Certificate of BMDC
7. Training certificates (if applicable)
8. A page of the Bank Cheque book of the applicant
9. National ID card
10. Other necessary documents

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

.....
Principal Research Officer

.....
Honorary Director (RTM)

.....
Deputy Director Admin

.....
Director Admin

.....
Honorary Secretary