



# BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

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

## FCPS-II Training Progress Report

Period: ...../...../..... to ...../...../.....

Reg. No. of BCPS	Date of Submission: / /
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Speciality:	
Enrollment / Online Registration No.	
Mobile:	E-mail:
Mailing address:	

Supervisor's Certificate		
Name of Trainee:		
Institute & Department:		
Number of bed in the unit	Number of FCPS trainee in the Unit	Number of faculty members (Asst. Prof. & above) in the Unit

Performance	Poor	Average	Satisfactory	Good	Excellent
Attendance					
Knowledge					
Skill					
Attitude					

Considering his/her overall performance,  
I recommend that the trainee can / cannot proceed for further training.

\_\_\_\_\_  
Signature of the Supervisor  
(With Date & Seal)

**N.B:** Training Progress Report must be submitted to the RTMD, BCPS six monthly within 1 month of completion of training.