

## **Bangladesh College of Physicians and Surgeons**

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

## **Research and Training Monitoring Department (RTMD)**

## **Appointment Form for Research Clinic**(Applicable for FCPS-II Trainee)

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	Nama	ot tha	Trainee:
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- 2. Registration No (after passing Part-I/Lateral Entry):
- 3. BMDC Reg. No:
- 4. Present Working Place:
- 5. Date of completion of Research Methodology Training Programme:
- 6. Mobile No:
- 7. E-mail Address:
- 8. Name of the Speciality:
- 9. Title of the Research Protocol/Thesis:
- 10. i) Name of the Guide:

In charge of Research Clinic

- ii) Name of the Co-Guide (if any):
- 11. Expected session of appearing FCPS Final Exam:

Reques	t for Inquiries on Research Protoc	ol/Thesis	
Sl. No.	Problems		Page No. (If applicable)
i.			
ii.			
iii.			
iv.			
Signature of the Trainee  Date:  N.B: Soft copy and Hard copy of the research Protocol/Thesis (Please feel free to contact in any query: researchclinic@bc)			
	appointment at research clinic: ee Person (if any):		

Honorary Director (RTM)