

Bangladesh College of Physicians and Surgeons

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

Professional Development Department (IT Wing)



3-Day Training Program on Information and Communications Technology (ICT)

Registration Form

Passport sized
Color Photo

Personal Information

BMDC Registration No:		PEN/REG NO:	
Name (Block Letter)			
Subject:			
Year of Passing FCPS Part-I:		January <input type="checkbox"/>	July <input type="checkbox"/>
Protocol SL No:		Mobile:	
E-mail:			
Present Address			

Bank information

Bank Deposit Slip No:		Deposit Date:	
Amount:			
Bank Name:			
Branch Name:			
Scanned Copy of the Bank Deposit :			

I hereby declare that if any information provided in the above mentioned Registration Form found wrong or incorrect, I will accept any disciplinary action taken against me by the college authority.

Signature with Date