



BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

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

FCPS-II Training Progress Report

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

(A)

Reg. No. of BCPS		Date of Submission: / /
Name of the Trainee:		
Speciality:		
Enrollment / Online Registration No.		
Cell Phone:	(1)	(2)
E-mail:	(1)	(2)
Present Working Place with Designation:		

(B)

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

(C)

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.