



BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

2 copies
Passport size
Coloured Photo

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		Continuing training
			Starting date DD/MM/YYYY	Ending date DD/MM/YYYY	In month MM

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		Total previous training
			Starting date DD/MM/YYYY	Ending date DD/MM/YYYY	In month MM
					MM

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 excluding current duration)

Name of the Institutes	Name of the Department	Duration of training		Total remaining training
		Starting date DD/MM/YYYY	Ending date DD/MM/YYYY	In month MM
1.				MM
2.				
3.				

Bank Information of the applicants:

Name in block letters (as per Bank Account):
 Name of the bank: _____ Name of the branch: _____
 Account Number (13 digits or above): _____ 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. Attested Two copies of recent passport size coloured photograph
2. Attested copy of Certificate of MBBS/BDS
3. Attested copy of Certificate of FCPS/MD/MS
4. Attested copy of Enrollment letter from BCPS
5. Attested copy of Permanent registration certificate of BMDC
6. Attested copy of FCPS/ MD/ MS Registration Certificate of BMDC
7. Attested copies of Training certificates (if applicable)
8. Attested copy of a page of the Bank Cheque book mentioning A/C no. and routing no.
9. Attested copy of National ID card
10. Attested copy of joining letter
11. Attested copies of other documents (if any)

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