## **Bangladesh College of Physicians and Surgeons (BCPS)**

Mohakhali, Dhaka-1212.

## **Examinations Department**

## **Information Update Form for FCPS-II Examinee**

To

## **Controller of Examinations**

**Signature of Candidate** 

Bangladesh College of Physicians and Surgeons (BCPS) 67 Shaheed Tajuddin Ahmed Sharani Mohakhali, Dhaka.

Subject: Information update after qualifying FCPS-II written examination.

Name of candidate (Block Letter):(must match name at registration)		
Subject:	Roll No	BMDC Reg. No
Last Training Institute:	Last Trainer's Name:	
Course Institute/Hospital:	Supervisor/Course Director/Head of the Dept.:	
Govt./Private Candidate		
Present Employment Institute:(Not to write "deputed to DG Health", pleas	Head of se write present working place)	the Institute:
Online Registration No:	Mo	obile No
Oral Examinations.	on Update Form" incomplete	five) days before OSPE, Clinical and ly or providing false information may

Date