

Bangladesh College of Physicians and Surgeons (BCPS)

Mohakhali, Dhaka-1212.

Examinations Department

Information Update Form

To

Controller of Examinations

Bangladesh College of Physicians and Surgeons (BCPS)

67 Shaheed Tajuddin Ahmed Sharani

Mohakhali, Dhaka.

Subject: Information update after qualifying 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: _____ Year of the Course _____

Course Director/Head of the Dept.: _____ Govt./Private Candidate _____

Present Posting Place/Attachment Institute (Not to mention OSD): _____

Head of the Institute: _____

Online Registration No: _____ Mobile No. _____

- *Please return the form to the Controller of Examinations, BCPS 5 (five) days before Clinical & Oral Examinations.*

Signature of Candidate

Date

N.B.: It is mandatory to submit the form. If found, incorrect information and incomplete form, examination will be held up/legal action will be taken against the candidate.