



# BANGLADESH COLLEGE OF PHYSICIANS AND SURGEONS (BCPS)

## Application Form

(Training allowances for the FCPS Part-II honorary trainees)



### General information

Applicant's Name (Block Letters):	NUZHAT TABASSUM				
Father's/Spouse Name (Block Letters):	MD. SALAHUDDIN MOLLAH				
Mother's Name (Block Letters):	TASLIMA AKHTAR				
Date of Birth:	1995-12-14				
Nationality:	Bangladeshi				
Religion:	Islam				
National ID No:	2407885058				
Address of communication:	<table><tr><td>Mobile:01521462375</td><td>Tel (Res):</td></tr><tr><td colspan="2">E-mail:nuzhatsurovi0857@gmail.com</td></tr></table>	Mobile:01521462375	Tel (Res):	E-mail:nuzhatsurovi0857@gmail.com	
Mobile:01521462375	Tel (Res):				
E-mail:nuzhatsurovi0857@gmail.com					
Permanent Address:	Village: Jhikerhati, Post Office: Ghatmajhi, Sub-district: Madaripur, District: Madaripur.				
MBBS/BDS Data:	<table><tr><td>Year of Qualification:</td><td>2018</td></tr><tr><td>Institute:</td><td>Faridpur Medical College</td></tr></table>	Year of Qualification:	2018	Institute:	Faridpur Medical College
Year of Qualification:	2018				
Institute:	Faridpur Medical College				
BMDC Reg. No.:	102946				
FCPS PART-I Examination Data:	<b>Specialty:</b> Obstetrics & Gynaecology, <b>Roll No:</b> 300821 <b>Year of Passing:</b> 2021, January,				
Online Reg. No./ Reg. No. (after passing FCPS Part-I):	A-2021-1-30-0260				

Are you selected or continuing the residency training/diploma course/ Govt. service/Private service?	No
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**Current training database (Please mention here current six month training duration only, if you have)**

**Are you continuing the FCPS training?**

Name of the Institutes	Name of the Department	Name of the Supervisor, Designation	Duration of training	
			Starting Date	Ending Date
Dhaka Medical College & Hospital	Obstetrics & Gynaecology	Dr. Shikha Ganguly Professor	2021-07-01	2021-12-31

**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	
			Starting Date	Ending Date

**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 Including FCPS course and excluding current duration)**

Name of the Institutes	Name of the Department	Duration of training	
		Starting Date	Ending Date
Dhaka Medical College Hospital	Obstetrics & Gynaecology	2022-01-01	2023-06-30
Dhaka Medical College Hospital	Obstetrics & Gynaecology	2023-07-01	2025-06-30
Bangabandhu Sheikh Mujib Medical University (BSMMU)	Obstetrics & Gynaecology	2025-07-01	2026-06-30

**Applicant's Personal Bank Information:**

Name in block letters (as per Bank Account):		NUZHAT TABASSUM	
Name of the bank:	Islami Bank Bangladesh Limited	Name of the branch:	Banasree, Dhaka
Account Number (13 digits or above):	20504160200295501	Routing Number:	125270599

**Undertaking**

I Dr. **NUZHAT TABASSUM** 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.

Nuzhat Tabassum  
31.07.21

## 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**

<b>Principal Research Officer</b>	<b>Honorary Director (RTM)</b>	<b>Deputy Director Admin</b>	<b>Director Admin</b>	<b>Honorary Secretary</b>