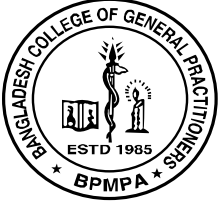


APPLICATION FORM FOROURSE



BANGLADESH COLLEGE OF GENERAL PRACTITIONERS

125/2, Darus Salam, Mirpur, Dhaka-1216. E-mail: [bcgp @ bangla.net](mailto:bcgp@bangla.net)

PHOTOGRAPH
3 COPIES

Serial No:

1. Name (Block Letter) :-----

2. Father's Name :-----

3. Date of Birth :-----

4. Present Address :-----

Phone-----Mobile-----

5. Permanent Address :-----

6. Nationality :-----

7. Professional Qualification :-----

:Date of Qualification Institution

a) MBBS/ MD :-----

b) Other post Graduate Qualification :i-----

(if any) :ii-----

8. B. M. D. C. Registration : No-----Date-----

9. Experience after Medical Graduation :-----

10. Duration of General Practice :a) Duration-----

b) Period From-----To-----

11. Publications (if any) :i-----

ii-----

12. Any Other Contribution (if any) :-----

13. Subject of Dissertation in FCGP Course :i-----

(any one of the following). :ii-----

14. Enclosure

- (a) Three copies of passport sized recent photograph
- (b) Photo copies of Professional qualification certificates
- (c) Photo copy of B.M.D.C. registration certificate
- (d) Proof of BPMPA Life Membership
- (e) Photo copy of the receipt of the course fees

I hereby certify that the above Statement is and correct

Date:

Signature of the student

* May use extra sheets

