

# FCPS (Sub-Speciality) Online Registration Guide

1. Applicant Status & Academic Identity

2. Exam Information

3. Enrolment Identity

4. Employment Identity

5. Training Record

6. Personal Identity

Program Type

FCPS (Sub-Speciality)

Applicant Status  
 Old Applicant  
 New Applicant

Select the type of applicant

Qualification \*  
Select a Qualification

Name of the College from where graduated \*  
Select a college

Date of Graduation \*  
dd/mm/yyyy

BMDC Registration No. \*

BMDC Registration Validity \*  
dd/mm/yyyy

All Fields with red asterisks (\*) are required.

MBBS/BDS Certificate (jpeg/jpg, 300kb or less)  
Choose File No file chosen

Date must be in dd/mm/yyyy format.

BMDC Certificate (jpeg/jpg, 300kb or less)  
Choose File No file chosen

Click Next to proceed

# Step 1

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Speciality \*

Bank Deposit Slip No. \*

Deposit Date \*

Amount \*

Bank Name \*

Branch Name \*

Bank Deposit Slip Scan Copy (jpeg/jpg, 300kb or less) \*

No file chosen

(Please write Name, Phone Number and BMDC No. on money receipt before scanning)

All Fields with red asterisks (\*) are required.

Amount will be auto filled.

All images must be in jpeg/jpg format and must be less than 300KB

# Step 2

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## Record of passing Preli FCPS-II Examination

Year \*

Session \*

Roll(Last 4 digits) \*

Subject of Preli FCPS-II \*

Preli-FCPS-II Passing Document (jpeg/jpg, 300kb or less) \*  No file chosen

All Fields with red asterisks (\*) are required.

# Step 3

## Record of Previous FCPS (Final for Specialized Speciality) Examination

Number of Appearance

*(Write 0 if you haven't appeared in FCPS Final examination ever)*

Year of last Appearance

All images must be in jpeg/jpg format and must be less than 300KB.

## FCPS (Sub-Speciality) Online Registration Guide

# Step 3

Record of Appearance	Final Examination	Specialized Speciality	Registration
Number of Appearance	<input type="text"/>		
	<small>(Write 0 if you haven't appeared in FCPS Final examination ever)</small>		
Year of last Appearance	Select a Year ▼		
Session of last Appearance	Select a Session ▼		
Last 4 digits of the Roll of last Appearance	<input type="text"/>		
Subject of last Appearance	Select a Subject ▼		
Record of Log Book			
Date of first entry *	<input type="text" value="dd/mm/yyyy"/>		
Date of last entry *	<input type="text" value="dd/mm/yyyy"/>		
Record of Thesis			
Date of Submission of Thesis *	<input type="text" value="dd/mm/yyyy"/>		
Acceptance Of Thesis *	Yes ▼		

Date must be in dd/mm/yyyy format (e.g. 18/02/2015 for 18 February 2015)

## FCPS (Sub-Speciality) Online Registration Guide

### Record of Training

Total Period Of Training in months *	<input type="text"/>
Last Training Institution	<input type="text" value="Select an Institution"/>
Last Trainer's Name	<input type="text"/>
Course Institution	<input type="text" value="Select an Institution"/>
Name of Course Director/Head of the Dept.	<input type="text"/>
Type of Candidate *	<input type="text" value="Select a candidate type"/>
Present Employment Institution	<input type="text" value="Select an Institution"/>
Head of the Institution	<input type="text"/>

# Step 3

All Fields with red asterisks (\*) are required.

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# FCPS (Sub-Speciality) Online Registration Guide

BCPS Online Registration System

Register Log in

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Employment Type \*

Select Employment Types

Employment Designation

Employment Institute

Working Address

# Step 4

All Fields with red asterisks (\*) are required.

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Each slot contains 6 months. Divide your training/course/internship in 6 months slot & put information in the following box.

From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
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From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>
From	<input type="text" value="dd/mm/yyyy"/>	To	<input type="text" value="dd/mm/yyyy"/>	Subject	<input type="text" value="Select a Su"/>	Institution	<input type="text" value="Select an li"/>

Date must be in dd/mm/yyyy format (e.g. 18/02/2015 for 18 February 2015)

Step 5

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Name \*

(Name as per MBBS/BDS certificate)

Father's Name \*

Mother's Name \*

Photograph (jpeg/jpg, 300kb or less) \*

Choose File No file chosen

Signature (jpeg/jpg, 300kb or less) \*

Choose File No file chosen

Date of Birth \*

dd/mm/yyyy

Email \*

Mobile Number \*

# Step 6

All images must be in jpeg/jpg format and must be less than 300KB



## FCPS (Sub-Speciality) Online Registration Guide

# Step 6

**Mobile Number \***

**Land Phone Number**

**Nationality \***

**Gender**

Male

Female

**Marital Status**

Married

Single

**Present/Mailing Address** *(Present address must be in Bangladesh)*

**Permanent Address**

All Fields with red asterisks (\*) are required.

Click Finish to submit your application

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Finish