

# Preliminary FCPS Part-II 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

Preliminary FCPS Part-II

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 \*

01/01/0001 00:00:00

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

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# Step 1

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Speciality \*

Bank Deposit Slip No. \*

Deposit Date \*

Amount \*

Bank Name \*

Branch Name \*

Bank Deposit Slip Scan Copy  No file chosen

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

(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

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# Step 2

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## Record of passing FCPS-I Examination

Year *	Select a Year
Session *	Select a Session
Roll(Last 4 digits) *	
Subject *	Select a Subject
FCPS-I Passing Document (jpeg/jpg, 300kb or less) *	Choose File No file chosen

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

# Step 3

## Record of Previous Preli FCPS-II Examination

Number of Appearance	
<i>(Write 0 if you haven't appeared in FCPS-2 examination ever)</i>	
Year of last appearance	Select a Year

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

## Preliminary FCPS Part-II Online Registration Guide

# Step 3

Roll Number of Previous Preliminary Examination

Number of Appearance

*(Write 0 if you haven't appeared in FCPS-2 examination ever)*

Year of last Appearance

Session of last Appearance

Last 4 digits of the Roll of last Appearance

Subject of last Appearance

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

Record of Log Book

Date of first entry \*

Date of last entry \*

Record of Training

Total Period Of Training \*

Last Training Institution

# Preliminary FCPS Part-II Online Registration Guide

Date

..

## Record of Training

Total Period Of Training \*

Last Training Institution

Last Trainer's Name

Course Institution

Name of Course Director/Head of the Dept.

Type of Candidate \*

Present Employment Institution

Head of the Institution

# Step 3

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

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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



## Preliminary FCPS Part-II Online Registration Guide

# Step 6

number \*

Land Phone Number

Nationality \*  
Select your 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