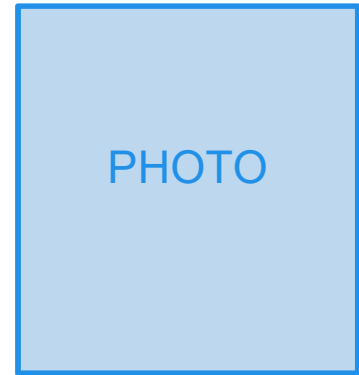




# SOSB

## SOCIETY OF SURGEONS OF BANGLADESH



### Registration Form

**SESSION:**                      **to**                      **,2019**

1.	<b>NAME:</b> <i>(in BLOCK LETTERS)</i>	
2.	<b>YEAR OF GRADUATION:</b>	
3.	<b>NAME OF MEDICAL COLLEGE</b>	
4.	<b>SESSION &amp; YEAR OF PASSING PART- I</b>	
5.	<b>SOSB COURSE ATTEND BEFORE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No      [If yes how many times:      ]
6.	<b>APPEARED IN</b>	<input type="checkbox"/> FCPS-II <input type="checkbox"/> MS II <input type="checkbox"/> MS III <input type="checkbox"/> FCPS Preli <input type="checkbox"/> MCPS .....Times
7.	<b>ADDRESS OF COMMUNICATION</b>	
8.	<b>CELL PHONE NO</b>	
9.	<b>E-MAIL:</b>	
10.	<b>ACADEMIC ATTACHMENT (PRESENT)</b>	
11.	<b>PREPARING FOR</b>	<input type="checkbox"/> FCPS-II <input type="checkbox"/> MS II <input type="checkbox"/> MS III <input type="checkbox"/> FCPS Preli <input type="checkbox"/> MCPS Session .....
12.	<b>FEES</b>	5000 /-
13.	<b>PAYMENT:</b>	<b>Bank Deposit no</b>
		<b>Transaction ID</b>
		<b>Cash</b>
14.	<p><i>If any information is found false, his application will be null &amp; void &amp; the money submitted will be forfeited.</i></p> <p>.....</p> <p><i>Signature of Applicant</i></p> <p><i>Date:</i></p>	
15.	<b>ENCLOSURE:</b>	<ul style="list-style-type: none"> <li>i. Copy of certificate of postgraduation degree. (Part I)</li> <li>ii. Recent Passport size photo.</li> <li>iii. Copy of Bank Deposit Slip.</li> <li>iv. Copy of Training Certificates.</li> </ul>