



Exam 2021 Application Form

DATA-CUM-APPLICATION FORM (EXAM 2021)

NOTE: COMPLETED APPLICATION FORM AND ALL DOCUMENTS TO BE SENT VIA EMAIL TO exam.bcp@gmail.com NO HARD COPIES NEEDED.

PLEASE READ THE GUIDELINES BEFORE YOU FILL THE FORM

NOTE: ALL FIELDS ARE MANDATORY. PLEASE PRINT OR WRITE IN CAPITALS ONLY

I. PERSONAL DETAILS

NAME: _____
(FULL NAME AS YOU WANT IT TO APPEAR ON YOUR BCP-I DOCUMENTS)

DATE OF BIRTH: _____ (DD/MM/YYYY) Gender: Male / Female

RESIDENTIAL ADDRESS:

HOUSE No., STREET, etc _____

CITY _____ STATE _____ PIN _____

COUNTRY _____

Cell No: Country Code _____ WHATSAPP Cell No _____ Alt No: _____

Email: _____

EMPLOYER'S ADDRESS:

HOSPITAL NAME _____

ADDRESS _____

CITY _____ STATE _____ PIN _____

COUNTRY _____

Hosp Tele: Country Code _____ Tele No. _____ Extn: if any _____

PLEASE SEND CORRESPONDENCE TO: RESIDENCE () WORK ()

FULL NAME AND EXACT DESIGNATION OF CHIEF / SENIOR MOST PERFUSIONIST

SIGN OF CHIEF / SENIOR MOST PERFUSIONIST _____

FULL NAME AND EXACT DESIGNATION OF HOD (SURGEON):

SIGN OF HOD (SURGEON) _____

II. EDUCATIONAL QUALIFICATIONS:

A) OTHER THAN PERFUSION:

No	Qualification With major Subject	Name of the Institute City, State	Full Name of University, City	From MM-YYYY	To MM-YYYY
1					
2					

B) PERFUSION TECHNOLOGY:

No	Mention Perfusion Qualification Deg/Dip/Cert	Hospital Name, City, State	Full Name of University, City	Theory MM-YYYY TO MM-YYYY	Practical Training MM-YYYY TO MM-YYYY
1					
2					

III. WORK EXPERIENCE: (START FROM CURRENT OR LAST WORKED)

No	Hospital name, City	Designation	From MM-YYYY	TO MM- YYYY
1				Continuing
2				
3				
4				

TOTAL YEARS OF EXPERIENCE: (AS ON 15/08/2021) _____ YEARS

NOTE: Compulsory internship / clinical rotation is part of the Perfusion training program and hence it is not considered as work experience.

Please upload work experience letters from all the hospitals where you have worked in the last five (5) years, EXCEPT where you are working now.

You need to upload an ORIGINAL letter addressed to BCP-I from the hospital where you are now working. This should give your name, current designation, date of joining and the type and number of cases which you have handled independently. You need to have performed a minimum of 50 CPB runs per year in last two years (Total 100 CPB)

DETAILS OF FEES: Transaction. No. _____ dated _____

From Bank _____ Branch _____ for Rs1000 / 2000

DECLARATION AND UNDERTAKING:

I hereby solemnly and sincerely affirm that all the particulars stated by me in this application form are true and correct. I have not concealed any information. However, if any information furnished herein is found fraudulent, incorrect or untrue, I understand that I will be liable to criminal prosecution and I also agree to forego my membership of BCP-I. I agree to abide by the rules & regulations governing the Board, which may be amended from time to time. I understand that the penalty for misleading information or for concealing information may include cancellation of my Board certification and all other privileges that go with it, and/or any other penalty as per the bylaws of the Board.

NOTE: BCP-I is registered in Ahmedabad, Gujarat and falls under the jurisdiction of Gujarat High Court

NAME: _____

SIGNATURE: _____

Date: _____ Place: _____

CHECK-LIST TO BE FILLED OUT BY THE APPLICANT (EXAM 2021)

PUT A TICK MARK AS APPLICABLE

ITEM	YES	NA
1) Application Form filled completely with all signatures		
2) Perfusion Certificate/ Diploma / Degree Certificate		
3) Internship / Course completion Letter		
4) Degree Certificate - B.Sc. Other than Perfusion		
5) Original Letter addressed to BCP-I from current employer		
6) Work experience letter(s) from earlier hospital(s)		
7) Photograph – 1 recent photo in jpg format; max 100 kb		
8) Signature in jpg format; max 50 kb		
9) Transaction receipt / voucher for the fees paid		

PLEASE EMAIL ALL YOUR DOCUMENTS TO: exam.bcp@gmail.com

For any queries contact Secretary at above email id or on Cell: +91-9831497490

LAST DATE: SEPTEMBER 15, 2021

Completed Application form with all necessary documents and fees should be emailed on or before 15th Sept, 2021. Forms will not be accepted after this date. Pending Documents will also not be accepted after this date. Incomplete forms will be rejected