



**POPULAR MEDICAL COLLEGE  
MEDICAL EDUCATION UNIT**

**Workshop On  
“Structured Oral Examination (SOE)”**

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**Registration Form**

1. Name of Participant: .....
2. Qualification:.....Designation:.....
3. Department: .....Institution:.....
4. Have you participated in any faculty building workshop / training on medical education previously ? If yes:  
  
Number.....Organizer: .....
5. Address: .....  
.....
6. Phone:.....E-mail: .....

Signature of Participant  
Date:.....

Signature of Co-ordinator, workshop  
**Dr. Shahnaj Pervin**  
Assoc. Prof. of Anatomy  
Popular Medical College  
Member Secretary of MEU  
Cell No: 01711-425430

**N. B.:**

- (1) Every participant has to fill up registration form.
- (2) Payment of registration fees Tk. 1,000/- (One thousand) Taka per participant. Pay directly in cash or by bkash to the cell no. 01786-655128. Please inform the workshop coordinator after bkash the registration fees.
- (3) Last date of registration 15.05.2017.