



বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

BANGLADESH MEDICAL AND DENTAL COUNCIL

203, Shaheed Sayed Nazrul Islam Sarani (86, Bijoy Nagar), Dhaka-1000, Bangladesh.

APPLICATION FORM FOR DUPLICATE CERTIFICATE

To,
The Registrar
Bangladesh Medical & Dental Council
203, Shaheed Sayed Nazrul Islam Sarani
(Old 86, Bijoy Nagar), Dhaka-1000

BM&DC Registration Type <i>(Tick [✓] as applicable)</i>			
<input type="checkbox"/>	Full Registration Certificate	<input type="checkbox"/>	Medical Assistant Registration Certificate
Registration Number		Registration Date	

Sir,
I request you that my name, address and qualifications as stated below, have lost my certificate:

IN BLOCK LETTERS, AS ON CERTIFICATE

Name (in English) _____
Father's/Husband Name _____
Mother's Name _____
Mobile No. _____ Phone No. _____
E-mail Address _____

CERTIFICATE INFORMATION

Certificate Type	<input type="checkbox"/>	Full Registration Certificate	<input type="checkbox"/>	Medical Assistant	<input type="checkbox"/>	Additional Degree	<input type="checkbox"/>	Provisional Certificate
Nature of Loss								
General Diary (GD) Information	GD Number & Date				Police Station			

PERMANENT ADDRESS (IN BLOCK LETTERS), IN ENGLISH

Vill./House No _____ P.O. _____
P.S. _____ Dist. _____
Post Code _____ Country _____

FULL NAME	
SIGNATURE AND DATE	

1. All Particulars above must be filled in by the applicant in his/her own handwriting and should be in neat legible hand.