



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 CHANGE OF PHOTO IN REGISTRATION 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 beg to inform you that my photo in my Registration Certificate is damaged. I want to replace my Registration Certificate's photo as the current one is damaged.

IN BLOCK LETTERS, AS ON CERTIFICATE

Name (in English) _____

Father's/Husband
Name _____

Mother's Name _____

Mobile No. _____

Phone No. _____

E-mail Address _____

Profession and
Place of Work _____

Attach a Passport
size Photograph

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.