



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 REGISTRATION ON THE REGISTER OF
MEDICAL ASSISTANT PROFESSIONAL**

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

DMF Registration Number	DMF Registration Date
Exam Roll No.	Passing Year

Sir,
I request you that my name, address and qualifications as stated below, may be registered on the Register of Medical Assistant Professional under the Medical and Dental Council and that I may be furnished with a Certificate of Registration:

NAME IN FULL (IN BLOCK LETTERS, AS ON CERTIFICATE)

Name (in English)	_____	
নাম (বাংলায়)	_____	
Father's Name	_____	
Mother's Name	_____	
Religion	Gender	_____
Date of Birth	Nationality	_____
Mobile No.	Blood Group	_____
E-mail Address	_____	

PERMANENT ADDRESS (IN BLOCK LETTERS)

	IN ENGLISH	বাংলায়
Vill./House No	গ্রাম/বাসা নং	_____
P.O.	পোস্ট অফিস	_____
P.S.	থানা	_____
Dist.	জেলা	_____
Post Code	পোস্ট কোড	_____
Country	দেশ	_____

PRESENT ADDRESS (IN BLOCK LETTERS)

Present Address _____

Description of Qualifications of which registrations is Desired	Name of University	Examination Held		Name of Medical Assistant School or institution from which the applicant has appeared for the said Qualifying Examination
		Month	Year	
Diploma in Medical Faculty (D.M.F)	The State Medical Faculty of Bangladesh			

FULL NAME	_____
SPECIMEN SIGNATURE OF APPLICANT	_____

1. All Particulars above must be filled in by the applicant in his/her own handwriting and should be in neat legible hand.
2. The name entered by applicants in their application must correspond in all respects with their name at the certificate or testimonial as the case may be.