



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 OF ADDITIONAL MEDICAL/DENTAL QUALIFICATION**

To,  
**The Registrar**

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

Full Registration Number	Renewed Upto

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

**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 \_\_\_\_\_

**ADDITIONAL DEGREE INFORMATION**

(please use separate forms for multiple degree)

Name of the Degree/Diploma	
Name of Awarding Institute/University	
Degree Awarded (Month/Year)	

**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.