



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 FULL REGISTRATION
ON THE REGISTER OF MEDICAL/DENTAL PRACTITIONERS**

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

Full Registration Number		Provisional Registration Number	
A-		P-	

Sir,
I request you that my name, address and qualifications as stated below, may he registered on the Register of Medical/Dental Practitioners 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.	_____	Phone No.	_____
E-mail Address	_____		

STUDENT/REGISTRATION INFORMATION

BMDC Student Reg. Number	_____	University Reg. Number	_____
Name of University	_____	Admission Session	_____

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/Dental College or institution from which the applicant have appeared for the said Qualifying Examination
		Month	Year	
Final Prof. Exam. Roll No.				

FULL NAME	
SPECIMEN SIGNATURE OF MEDICAL/DENTAL PRACTITIONERS	

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 University or other Examination as the case may be.