



বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

**BANGLADESH MEDICAL AND DENTAL COUNCIL**

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

**ONLINE PAYMENT REFUND REQUEST FORM**

To,

**The Registrar**

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

BM&DC Official Use Only <i>Approved By BM&amp;DC (Signature &amp; Seal)</i>	Refund Reference

Dear Sir,

I formally request a refund of the online payment that I recently made. I have attached the online payment receipt and other supporting documents to assist in the process of my refund request.

Name (in English)			
BMDC Reg. Number	Mobile No. (Provided in the Online System)		

**PAYMENT INFORMATION (TO BE REFUNDED)**

Receipt Number/ Trans.	Transaction Number								
Paid For/Fee Head									
Paid Amount	Payment Date								
Reason For Refund (Please provide a detail reason for claiming refund)									

<b>SIGNATURE AND DATE</b>	<i>By submitting this application, I acknowledge that I have read and agree to the refund policy of BM&amp;DC Online Payment System. I understand that the refund policy details are outlined at the following link: <a href="https://payment.bmdc.org.bd/home/page/refund-policy">https://payment.bmdc.org.bd/home/page/refund-policy</a>.</i>
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1. The particulars above must be filled in by the applicant himself/herself in neat legible handwriting.
2. Online Payment Receipt must be enclosed (merging in a single pdf file) herewith this application.
3. The Refund Application Form and the Online Payment Receipt must be attested and approved by the BM&DC authority to process the refund request. Without signed and approval of BM&DC no refund request will be processed.
4. Refunds will be issued to the Original Payment Method which was used to make the payment earlier (i.e. Debit Card/Credit Card/MFS account by which the payment was made). The refund process may take 07-10 working days to complete.