



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 EXTENSION OF PROVISIONAL REGISTRATION CERTIFICATE

To,

The Registrar

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

Provision Registration Number	Provisional Registration Date

Sir,

I am an intern Doctor of _____ Medical/ Dental College Hospital. Due to Some Personal/ Family Problems, I was absent from internship training for _____ days. Extension of Provisional Registration Certificate should be done before re-joining internship training as per BM&DC rules. So I would like to start my remaining training from ____/____/_____.

IN BLOCK LETTERS, AS ON CERTIFICATE

Name (in English) _____

Father's/Husband _____

Name _____

Mother's Name _____

Mobile No. _____

Phone No. _____

E-mail Address _____

I therefore pray and hope that you would issue the extension of provisional registration certificate and oblige thereby.

FULL NAME	
SIGNATURE AND DATE	

Forwarded by

Signature & Seal

Hospital Director

_____ Medical/ Dental College Hospital