



বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

BANGLADESH MEDICAL AND DENTAL COUNCIL

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

APPLICATION FOR GOOD STANDING CERTIFICATE

To,

The Registrar

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

Full Registration Number	Valid Upto

Sir,

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

IN BLOCK LETTERS, AS ON CERTIFICATE

Name (in English)	_____
Father's Name	_____
Mother's Name	_____
Mobile No.	Phone No. _____
E-mail Address	_____
Profession and Place of Work	_____

DETAILS OF MBBS/BDS DEGREE

Name of the Degree	M.B.B.S	B.D.S	Degree Awarded (Month, Year)	
Name of Awarding Institute/University				

PURPOSE OF GOOD STANDING CERTIFICATE

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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.