



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 CHANGE OF ADDRESS IN REGISTRATION CERTIFICATE**

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

BM&DC Registration Type (Tick [✓] as applicable)			
<input type="checkbox"/>	Full Registration Certificate	<input type="checkbox"/>	Medical Assistant Registration Certificate
Registration Number		Registration Date	

Sir,  
I beg to inform you that I want to change my Permanent Address as per my NID/Birth Certificate/Nationality Certificate/Passport as below in my Registration Certificate.

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

**PERMANENT ADDRESS (TO BE CORRECTED)**

**IN ENGLISH BLOCK LETTERS**

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.