

বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল
Bangladesh Medical and Dental Council

BM & DC Student Registration No.:

Session: 20..... to 20

APPLICATION FOR REGISTRATION AS A MEDICAL/DENTAL STUDENT

FOR THE SESSION 20..... to 20

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

Medical Admission Test Govt./Non Govt.
Roll No..... College Code

Merit Score..... Merit Position

Fill up the Form in Capital Letter

Sir,

I (Name of Student)

Father's Name:

Mother's Name :

Address :

Permanent : Vill./Area:

PO.: P.S.:

Dist. : Postal Code:

Present : Vill./Area:

PO.: P.S.:

Dist. : Postal Code:

Nationality : Date of Birth: Place of Birth: Gender:

Mobile Number: Email Address:

have been admitted in Medical / Dental College/Institute
and praying for my registration as a Medical/Dental Student on with your Council.

A certificate from the College/Institute of having commenced attendance in the year of study for a degree in Medicine/Dentistry
at this Medical/Dental College/Institute affiliated with University From session 20... to 20

1. Total Marks/GPA obtained in S.S.C/Equivalent : Year
 2. Total Marks/GPA obtained in H.S.C/Equivalent : Year
- Subjects in H.S.C/Equivalent :
- (GPA in Biology in H.S.C Examination

Date : Signature of the Student

(To be filled up by the college office)

1. Name of student in Capital letters :
2. Address to which communications should be sent

Certified that the above statement of the student is correct.

Date: Seal of the College Signature of the Principal & Seal

Requirements:

1. Copy of Result Sheet of admission test;
2. Copy of Equivalence Certificate (for "O", "A" Label & Foreign Students);
3. Fee Taka 200/- (Two Hundred) only.