

বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

Bangladesh Medical and Dental Council APPLICATION FOR

ELIGIBILITY CERTIFICATE

To

Registrar

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

Dear Sir,

I request you that my name, address and qualifications is stated below, I may be furnished with a Eligibility Certificate.

NAME IN FULL (IN BLOCK LETTERS AS ON CERTIFICATE)

ENGLISH:

BENGALI:

Father's Name: Mother's Name:

Religion..... Nationality Date of Birth Place of Birth Sex

PERMANENT ADDRESS (IN BLOCK LETTERS)

(Name of P.O. & P.S. to be mentioned very clearly)

ENGLISH:

BENGALI:

.....
.....
.....
.....

Phone/Mobile:

Phone/Mobile:

PRESENT ADDRESS:

Details of Qualifying Examination:

Subject:	S.S.C/ Equivalent Marks/ GPA	H.S.C/ Equivalent Marks/ GPA	Year of Passing	Eligible
Physics			S.S.C/Equivalent:-	Session
Chemistry				
Biology			H.S.C/Equivalent:-	
Total Marks/ GPA				

Yours faithfully,

Date :

Signature (Full Name)

Requirements:

1. Original SSC/ Equivalent Certificate & Mark sheet with Photocopy.
2. Original HSC/ Equivalent Certificate & Mark sheet with Photocopy
3. Two copies of recent passport size photograph attested on back side by Registered Medical Practitioners or by 1st Class Gazetted Officer.
4. Birth Registration Certificate with Photocopy
5. Equivalence Certificate from D.G. Health for 'O' & 'A' Level student.
6. Eligibility Certificate fee Tk 1000/= (One thousand) only to be paid by bank draft / pay order/ Cash, payable to Bangladesh Medical and Dental Council.

For Official Use:-

- a). Registration Fee has been received by Bank/Pay order/ Cash Tk. and credited Vide Receipt No. Date:
- b). Urgent Fee. Tk. Receipt No.: Date:

Registrar
Bangladesh Medical & Dental Council

