BANGLADESH MEDICAL & DENTAL COUNCIL

203, Shaheed Syed Nazrul Islam Sarani (Old 86, Bijoynagar), Dhaka-1000
e-mail: info@bmdc.org.bd, admin@bmdc.org.bd, website : www.bmdc.org.bd

RENEWAL OF REGISTRATION

Registration Number :.....

Date of Registration :.....

Profession & Place of work :.....

Name :.....

Father's/Husband's Name :.....

Permanent Address :

City/Village :.....

P.O. :.....

P.S./Upazila :.....

District :.....

Postal Code :.....

Present Address :

City/Village :.....

P.O. :.....

P.S./Upazila :.....

District :.....

Postal Code :.....

Telephone No. :.....

Mobile No. :.....

Degrees (Medical) :

Basic Degree :.....

Post-Graduate Degree/Diploma (If Registered with Bangladesh Medical & Dental Council)

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Pay Order/D.D.No./Cash ..... Date ..... Signature .....

For Office Use :

Renewal Fee Tk. ..... Receipt No. ..... Date :.....

Late Fee Tk. ..... Receipt No. ..... Date :.....

Urgent Fee Tk. ..... Receipt No. ..... Date :.....

Renewed Upto :.....

Signature

Required Documents:

1. Photocopy of National ID Card.
2. Copy of e-TIN Certitificate.