

BANGLADESH MEDICAL AND DENTAL COUNCIL

APPLICATION FOR TEMPORARY REGISTRATION ON THE REGISTER OF MEDICAL/ DENTAL PRACTITIONERS

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

Dear Sir,

I request that my name address and qualifications as stated below, may be registered on the Register of Medical/ Dental Practitioners under the Medical and Dental Council and that I may be furnished with a certificate of Registration:-

Name in Full:

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Nationality:

.....

Permanent Address (in block letters)

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Description of Qualifications of Which Registration as Desired	Name of the University	Date of Obtaining the Qualification	Name of the Medical/ Dental College or institutions from which the applicant have appeared for the and qualifying examination

Yours faithfully

Date:

Full Signature

Specimen Signature of Medical/ Dental Practitioners As Used On the Certificate:

The following documents will have to be produced:

- Original Medical degrees Certificate/ Photostat copy duly endorsed/ Attested by High Commission Embassy or Mission of the Country of the Candidate in Bangladesh.
- Two copies of passport size photograph of the candidate, attested as in (a) (c) Registration certificate of practice of his own country, original or attested as in (a)
- Fee for temporary registration for every 6months Tk. 2500/=
- Clearance from Government for Working in Bangladesh.
- Up to date Bio-Data