

বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

BANGLADESH MEDICAL AND DENTAL COUNCIL

APPLICATION FOR REGISTRATION OF ADDITIONAL MEDICAL/DENTAL QUALIFICATION

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 as stated below, may be registered on the Register of Bangladesh Medical and Dental Council and that I may be furnished with a Certificate of Registration of additional qualification.

Registration Number :

Date of Registration :

Renewed upto :

Name :

Profession & Place of work :

Permanent Address as on Reg. certificate:

City / Village :

P.O.- :

P.S.- :

Dist.- :

Contact Number :

E-mail :

<u>Name of the Degree/ Diploma</u>	<u>Name of Awarding Institute & University</u>	<u>Degree awarded (Month & Year)</u>
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1.

2.

3.

Date:

Specimen Signature as in Registration Form

For office Use :

Fee for Additional Degree

Receipt No. Date :

Urgent Fee

Receipt No. Date :

To be submitted :

1. Original additional Medical / Dental Qualification Certificate together with Photostat copy.
If original Certificate is not issued, Provisional Certificate with result sheet to be submitted.
2. Photostat copy of up to date BM&DC Registration Certificate.
3. Original MBBS/BDS Certificate together with Photostat copy
4. Fee for registration of each additional Medical / Dental qualification Tk.-1000/= (One Thousand) only to be paid by Cash/bank draft/pay order, payable to "Bangladesh Medical & Dental Council".
5. Copy of Twelve digit "Taxpayer's Identification Number" (e-TIN). (For Bangladeshi Doctor's)
6. Photostat copy of National ID Card.

Registrar
Bangladesh Medical & Dental Council