

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:

.....

Nationality:

.....

Permanent Address (in block letters)

.....

.....

Description of Qualifications of Which Registrations 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.
- Updated Good Standing Certificate of Respective Country's Council.
- Two copies of passport size photograph of the candidate, attested as in (a)
- Registration certificate of practice of his own country, original or attested as in (a)
- Fee for temporary registration.
- MOH/ DGHS / Director of Hospital Request letter to BM&DC.
- Upto-date Bio-Data.