

বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

BANGLADESH MEDICAL AND DENTAL COUNCIL

APPLICATION FOR (PROVISIONAL/FULL) REGISTRATION ON THE REGISTER OF MEDICAL/DENTAL PRACTITIONERS.

To
The Registrar
Bangladesh Medical and Dental Council
203, Shaheed Syed Nazrul Islam Sarani
(86, Bijoyagar), Dhaka-1000

Dear Sir,

I request you 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 (in Block Letters as on Certificate) (English & Bengali)

Father's Name

Nationality

Date of Birth

Place of Birth

Admission Session

Student Registration Number of BM & DC

Student Registration Number of University

Permanent Address (in Block Letters): (English & Bengali)

Present Address:

Description of Qualifications of which Registration is desired	Name of the University of Licencing Body	Date of obtaining the Qualifications	Name of the Medical/ Dental College or Institution from which the applicant have appeared for the said Qualifying Examination

Your Faithfully,

Date :

Full Signature

SPECIMEN SIGNATURE OF MEDICAL /DENTAL PRACTITIONERS AS USED ON THE CERTIFICATES:-

1. All Particulars above must be filled in by the applicant in his/ her own handwriting and should be in neat legible hand.
2. Registration Fees for M.B.B.S. Provisional Registration Tk. 200.00, M.B.B.S. Full registration Tk. 1000.00 B.D.S. Full Registration Tk. 1000.00 should be paid by Bank Draft/ Pay order payable to Bangladesh Medical and Dental Council. The Medical and Dental Council office will not be responsible for nonreceipt to money sent along with letters by ordinary post or by registered letter. Whoever practises allopathy system of Medicine or Dentistry without Registration shall be liable for punishment under section 30 of Bangladesh Medical and Dental Council Act., 1980 (Act No. XVI of 1980)
3. The Name entered by applicants in their application must correspond in all respects with their name at the University of Other Examinations as the case may be.

Reference overleaf :

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Please note that :

1. Provisional Registration will be granted after production of Testimonial /University Certificate.
2. Full Registration will be granted after completion of internship as per proforma of council & submission of Provisional Registration and internship Certificate. Internship completed after obtaining Provisional Registration will only be accepted by the council.
3. Full Registration will not be granted unless this application is accompanied by Original Degree/ Diploma Certificate of the University of licencing body/ together with a photostat copy thereof.
4. All Original Degree/ Diploma/ Provisional Certificates, Internship Certificate will be returned after final perusal only when accompanied with photostat copies.
5. Two copies of recent passport size photograph of the applicant to be submitted with application attested on back side by the Principal of the respective College in case of fresh graduates & in case of re-registration attestation on back side shall be done by Registrar of Medical and Dental Council or by 1st Class Gazetted officer.
6. Original Registration Certificate of Erstwhile E. Pak. Medical Council is to be surrendered.
7. When registered, he/ she will have to abide by the existing Rules & Regulation of the Council or Rules to be framed from time to time.
8. He/ She should also sign the code of Medical Ethics Declaration form and attach it with his/ her application.
9. If at any stage the information submitted is found to be incorrect registration/ recognition may be cancelled.

(FOR OFFICE USE ONLY)

1. Passed the final M.B.B.S./ B.D.S. Examination of the University verified vide Original Degree/ Provisional Certificate/ Affidavit of the University of Licencing Body, Photostat copy duly attested submitted for perusal.
2. Surrendered Registration Certificate No. of Erstwhile East Pakistan Medical Council.
3. Surrendered Provisional Registration Certificate No. Date of BM & DC.
4. Prescribed Registration Fee has been received by Bank Draft/ Pay Order Tk. and credited Vide Receipt No. Date
5. The Registration is valid and accepted, Registered vide Registration No. Date

Registrar,
Bangladesh Medical and Dental Council

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