

# বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

## BANGLADESH MEDICAL AND DENTAL COUNCIL

Registration No. ....

Session .....

### APPLICATION FOR REGISTRATION AS A MEDICAL/ DENTAL STUDENT FOR THE SESSION 200 .....

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

Sir,

I ..... S/D/O .....  
(Name of student in block letter)

Address :

Present : .....

Permanent : .....

Nationality : ..... Place of Birth .....

have been admitted in ..... Medical/ Dental College  
and praying for my registration as a Medical/ Dental student on .....  
with your Council.

A certificate from the College of having commenced attendance in the  
..... year of study for a degree in Medicine/ Dentistry at this Medical/  
Dental College from ..... 200 .....

1. Total Marks obtained in S.S.C/Equivalent ..... year .....

2. Total marks obtained in H.S.C/Equivalent ..... year .....

Subjects in H.S.C/Equivalent :- .....

Date :

Signature of the student.

(To be filled up by the college office)

1. Name of student in block letters .....

2. Address to which communications should be sent .....

Certified that the above statement of the Student is correct

Date .....

Signature of the Principal  
(Official Seal)