

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)