

# 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 additional Medical/ Dental qualification under the Medical and Dental Council and that I may be furnished with a Certificate of Registration:

**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 :

**Post-Graduate degree/ Diploma** :

Name of the Degree/ Diploma                      Name of Awarding Institute & University

Month & Year of passing/  
Examination held on

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.
2. Photostat copy of up to date BM&DC Registration Certificate.
3. Original MBBS Certificate together with Photostat copy
4. Fee for registration of each additional Medical / Dental qualification Tk 1000/= (one thousand) only to be paid by bank draft / pay order/ Cash, payable to Bangladesh Medical & Dental Council.

**Registrar**  
**Bangladesh Medical & Dental Council**