

BANGLADESH MEDICAL AND DENTAL COUNCIL

203, Shaheed Syed Nazrul Islam Sarani (86, Bijoy Nagar) Dhaka-1000

Phone: +880-2-9555538, +880-2-9586727, Fax: +880-2-9555236

E-mail: info@bmdc.org.bd, registration@bmdc.org.bd

Website: www.bmdc.org.bd

RENEWAL OF REGISTRATION

Registration Number :

Date of Registration :

Profession & Place of Work :

Name :

Father's / Husband's Name :

Permanent Address

City/Village :

P.O. :

P.S./Upazila :

District :

Postal Code :

Telephone No. :

Present Address

City/Village :

P.O. :

P.S./Upazila :

District :

Postal Code :

Degrees (Medical)

Basic Degree :

Post-Graduate Degree/Diploma (If Registered with Bangladesh Medical & Dental Council)

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Pay Order / D.D. No. / Cash

Date

Signature

For Office Use :

Renewal Fee Tk. Receipt No. Date:

Late Fee Tk. Receipt No. Date:

Urgent Fee Tk. Receipt No. Date:

Renewed Upto :

Signature