

# বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল

## Bangladesh Medical and Dental Council

### APPLICATION FOR

### **ELIGIBILITY CERTIFICATE**

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 is stated below, I may be furnished with a Eligibility Certificate.

**NAME IN FULL (IN BLOCK LETTERS AS ON CERTIFICATE)**

**ENGLISH:** .....

**BENGALI:** .....

Father's Name: .....

Mother's Name: .....

Religion..... Nationality ..... Date of Birth ...../...../..... Place of Birth ..... Sex: M / F

#### **PERMANENT ADDRESS (IN BLOCK LETTERS)**

*(Name of P.O. & P.S. to be mentioned very clearly)*

**ENGLISH:**

**BENGALI:**

Vill/House:.....

গ্রাম/বাসাঃ .....

P.O: .....

পোস্টঃ .....

P.S: .....

থানাঃ.....

District: .....

জেলাঃ .....

Phone/Mobile: .....

ফোন/মোবাইল: .....

**PRESENT ADDRESS:** .....

#### **Details of Qualifying Examination:**

Subject:	S.S.C/ Equivalent Marks/ GPA	H.S.C/ Equivalent Marks/ GPA	Year of Passing	Eligible
Physics			S.S.C/Equivalent: -	Session .....
Chemistry				
Biology			H.S.C/Equivalent:-	
<b>Total Marks/ GPA</b>				

Yours faithfully,

Date : .....

Signature (Full Name) \_\_\_\_\_

#### **Requirements:**

1. Original SSC/ Equivalent Certificate & Mark sheet with Photocopy.
2. Original HSC/ Equivalent Certificate & Mark sheet with Photocopy
3. Two copies of recent passport size photograph attested on back side by Registered Medical Practitioners or by 1<sup>st</sup> Class Gazetted Officer.
4. Birth Registration Certificate with Photocopy
5. Equivalence Certificate from D.G. Health for 'O' & 'A' Level student.
6. Eligibility Certificate fee Tk 1000/= (One thousand) only to be paid by bank draft / pay order/ Cash, payable to Bangladesh Medical and Dental Council.
7. Admit Card of MBBS/BDS Admission Test
8. MBBS/BDS Admission Result

#### **For Official Use:-**

- a). Registration Fee has been received by Bank/Pay order/ Cash Tk. .... and credited Vide Receipt No. .... Date: .....
- b). Urgent Fee. Tk. .... Receipt No.: .... Date: .....

**Registrar**

**Bangladesh Medical & Dental Council**