

বাংলাদেশ মেডিকেল অ্যান্ড ডেন্টাল কাউন্সিল

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Bangladesh Medical And Dental Council

BM & DC Student Registration No:

Session:

Class:

Section:

APPLICATION FOR REGISTRATION AS A MEDICAMENT STUDENT

For the Session

TO

The Registrar

The Registrar Bangladesh Medical &
Dental Council

203, Shaheed Sayed Nazrul Islam
Saran!

(86, Boloy Nagar), Dhaka-1000

Medical Admission Test Govt/Non
Govt

Roll No

College Code

Merit Score

Merit Position

Fill up the Form in Capital Letter

Sir,

I (Name of Student):

Father's Name:

Mother's Name:

Address,

Permanent : Vill/Area

PO

P.S

Dist

Postal Code

Present : Vill/Area

PO

P.S

Dist

Postal Code

Nationality

Date of Birth

Place of Birth

Gender

Mobile Number

Email Address

have been admitted In

Medical I Dental College institute and praying for my registration as a Medical/Dental Student on with your Council.

A certificate from the College Institute of having commenced attendance in the year of study for a degree in Medical Dentistry at this Medical/Dental College/Institute affiliated with University From session

1. Total Marks/GPA obtained in S.S.C/Equivalent: Year

2. Total Marks/GPA obtained in H.S.C/Equivalent: Year

Subjects in H.S.C/Equivalent : (GPA in Biology in H.S.C Examination)

Submit

