

# DERMATOLOGY ONLINE CERTIFICATION

## Application for Admission

Admission Sl. No.  
(Office use only):

Attached color  
passport size  
photograph

Please write in BLOCK LETTERS using black ink. **COMPLETE ALL SECTIONS.**

Session: February  June  October  Academic Year:

### PERSONAL DETAILS

First Name:  Middle Name:  Surname:

Sex: Male  Female

Date of Birth:  /  /  (dd/mm/yyyy)

Nationality:

### CONTACT INFORMATION

Mailing Address:

Chamber Address (If you do private practice then please provide the full address here)

Mobile:

Email:

## ACADEMIC DETAILS

Graduation College:

Graduation Year:

BMDC Registration No:

Presently Affiliated With: Hospital:

NGO:

Private Practice:

Why are you interested in this course? Want to build carrier in Dermatology:

Essential for private practice:  Special interest in Dermatology:  Others:

How did you know about this course? From: FB:  Web:  Newspaper:

Handouts:  Colleague:  Skinvd Email:  Others:

### Please Enclose:

1. Attested copy of BMDC certificate.
2. Two copies of recent passport size photographs.
3. Photocopy of the pay order slip.

**NOTE: Incomplete application form will not be considered for admission.**

Pay Order No.:

## DECLARATION

- I confirm that to the best of my knowledge the information I have provided on this form is true, complete and accurate.
- I confirm that I have read the admission information.

Applicant's Signature:

Date:

(dd/mm/yyyy)

## CONTACT

**Dr. Md Mahabubur Rahaman (DDV, FCPS)**

Course Coordinator of DOC

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