



Bangladesh Society of General Physicians

Committed to Establish General Practice in Bangladesh



ডাক্তারখানা

(General Physician Center)

PP Photo

Our Motto: *Establishment of GP Practice and Referral System*
Center Allocation Application:

| | |
|---|--|
| Name of the Physician (In Capital English and Bangla) | |
| BMDC Registration Number of the Physician/Physicians with Name(In Short) | |
| Medical College and Session | |
| Place of Center | Village/House/Road: _____ Post Office: _____ P.S/Upazila: _____ District: _____ |
| Type of Center (Own house/Rented/Bought/Donated etc.) | |
| Date of Opening of Center | |
| Day and Time of Service (Physician Specific) | |
| Consultancy Fee | |
| Investigation Facilities (If any) | |
| Committed to Maintain the Center Guideline for Patient Care (Yes/No) | |
| Mobile No. (Mandatory) | |
| Email Address. (Mandatory) | |
| NID No. (Mandatory) | |

Signature of Agreement

Signature with Date
President, Bangladesh Society of General Physicians

Signature with Date
Physician of Daktarkhana

ফর্ম কিভাবে পাঠাবেন।

- ১) ফর্ম প্রিন্ট করুন, এরপর পূরন করুন। এরপর স্বাক্ষর দিয়ে স্ক্যান বা ছবি তুলুন।
- ২) ফর্ম এর ছবি, এমবিবিএস সার্টিফিকেটের ছবি, বিএমডিসি সার্টিফিকেটের ছবি ইমেইল করে পাঠিয়ে দিন-
ahsankabir246@gmail.com