



বাংলাদেশ ভেটেরিনারি কাউন্সিল

Bangladesh Veterinary Council



৪৮, কাজী আলাউদ্দিন রোড, ঢাকা-১০০০।

ফোন : ৭৩৪৩২৬০, ফ্যাক্স: ৫৭৩১১৪২১, ই-মেইল: info@bvc.gov.bd, ওয়েবসাইট: www.bvc.gov.bd

Doctor's Data Sheet

General Information			
Full Name			
Father's Name			
Mother's Name			
Blood Group			
Date of Birth			
Sex	Male/Female		
Religion	Muslim/Hindu/ Buddies/Christian		
Nationality			
Professional Information			
Occupation			
Organization			
Designation			
Location	Vill: P.S. Division:	P.O. Dist: Country:	
Contact Information			
Permanent Address	Vill: P.S. Division:	P.O. Dist: Country:	
Present Address	Vill: P.S.	P.O. Dist:	
Contact No. (Mobile)			
Another contact no (if any)			
E-mail			
Institutional Information			
Degree	Graduation	Masters	PhD
Date Obtaining the qualifying			
Name of University/College			
BVC Registration Information			
Registration No			
Registration Date		Expire Date	
Live/Death			
Spouse Information			
Name	Occupation:		
Organization	Designation:	Location	
Children Information			
Name	Date of Birth:		
Sex	Occupation		

Signature of Doctor's