

Registration Form



Form-‘A’

(Regulation-4)

BANGLADESH VETERINARY COUNCIL

বাংলাদেশ ভেটেরিনারি কাউন্সিল

রেজিস্ট্রেশনের আবেদন পত্র

To

The Registrar,

Bangladesh Veterinary Council,

Dhaka.

Dear Sir,

I request that my name, address and qualification as stated below, may be registered on the Register of Veterinary Practitioners maintained by the Bangladesh Veterinary Council and I may be furnished with a Certificate of Registration.

1. Name in full (in Block letters as on certificate) :
- a) Father's name :
- b) Mother's name :
2. Nationality :
3. Permanent Address :
4. Present Address :
- Phone/Mobile:
5. Date and place of birth :
6. Qualification for which registration is desired. :
7. Date of obtaining the qualification together with the name of the University/Board or licensing body :
8. Name of the Veterinary College/University from which the applicant appeared for the said qualification:
9. Present employment and the name of the employer:
10. Other information :

The degree, diploma or license etc which I possess is forwarded herewith in original/attested Photostat. These may please be returned when no longer required. The Registration fee of TK.....(.....) only for registration in cash/money order/Bank draft on..... Bank of Bangladesh Payable to the Registrar, Bangladesh Veterinary Council, Dhaka is sent herewith.

Yours faithfully

Full Signature.

specimen signature of the Veterinary

Practitioner as used in the Certificate

Please Note:

- (1) Particulars wanted herein must be filled in his own hand writing by the applicant and should be in neat and legible hand.
 - (2) **Registration fees should be paid by cash/money order/Bank draft in favour of Registrar marked “Account payee only” on.....Bank of Bangladesh The B.V.C. office will not be responsible for non-receipt of money sent along with letter by ordinary post or Registered letter.**
 - (3) The name entered by applicant in his application must correspond in all respects with his name in the University or other examination as the case may be.
 - (4) Registration will not be granted unless this application is accompanied by original or attested Photostat degree/diploma or original/provisional Certificate of the University or licensing body together with the Photostat copy thereof.
 - (5) All original Degree/Diploma/Provisional Certificates will be returned after final perusal only when accompanied by a Photostat copy.
 - (6) Two copies of the recent passport size photograph to be submitted by the applicant duly attested on back side by a first class gazetted officer.
-

(For office use only)

- (1) **Passed the final..... Examination of.....Original/ Photostat copy duly attested submitted for perusal.**
- (2) **Prescribed registration fee received by Cash/Bank draft/Money order TK..... and credited vide receipt No..... date.....**
- (3) **The application is accepted for registration, Registered under Registration No..... dated20**

Registrar,
Bangladesh Veterinary Council
Dhaka.

ভেটেরিনারিয়ানের শপথ

ভেটেরিনারি চিকিৎসা পেশায় অন্ডর্ভুক্ত হয়ে নিষ্ঠার সাথে শপথ গ্রহন করছি যে, আমি আমার অধীত চিকিৎসা বিষয়ক সকল বৈজ্ঞানিক জ্ঞান এবং দক্ষতা প্রাণিস্বাস্থ্য সুরক্ষিত এবং কল্যাণ সাধন, প্রাণীর রোগ প্রতিরোধ এবং ক্লেশ মোচন, প্রাণিসম্পদ সংরক্ষণ, জনস্বাস্থ্য উন্নয়ন এবং চিকিৎসা বিজ্ঞানের উৎকর্ষ সাধনের মাধ্যমে সমাজের কল্যাণে প্রয়োগ করবো। বিবেক, বুদ্ধি ও মর্যাদাবোধ দ্বারা উদ্বুদ্ধ হয়ে “Veterinary Medical Ethics” বজায় রেখে আমি আমার পেশায় আত্ম নিয়োগ করবো। নৈতিক দায়িত্ব হিসাবে জীবন ব্যাপী আমি আমার পেশাগত জ্ঞান ও দক্ষতা ক্রমাগত উন্নয়নে সচেষ্ট থাকব।

দস্তখতঃ

নামঃ

তারিখঃ

VETERINARIAN'S OATH

Being admitted to the Profession of Veterinary Medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of Livestock Resources, the promotion of public health and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.

Signature.....

Name.....

Date.....