



Technical and Vocational Education and Training Authority
Ministry of Education
Malé, Republic of Maldives

APPLICATION FORM

STUDENT DETAILS

Name:														
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age	<input type="text"/>	<input type="text"/>				
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>										
ID Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Contact Number:	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address:														
Current Address:														
Email Address:														

PARENT DETAILS

Guardian's Name:														
Relationship with the applicant														
Contact Number:	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address:														
Current Address:														
Email Address:														

COURSE DETAIL

Name of the course											
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EDUCATION

GCE O'Level	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	GCE A'Level	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Post-Secondary Education	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>					

EMPLOYMENT

Organization	Position	Start Date	End Date	Duration

Please provide any other additional information in support of your application. Please continue on separate sheet if necessary

REFEREES

1. Name	<input type="text"/>
Address	<input type="text"/>
Contact	<input type="text"/>
2. Name	<input type="text"/>
Address	<input type="text"/>
Contact	<input type="text"/>

DECLARATION

I confirm that the information provided in this application is complete and accurate. I understand that the supply of incomplete or false information may lead to disqualification of this application.

for the applicants below 18 years only

Parent's Name	<input type="text"/>	Applicants Name:	<input type="text"/>
Parent's Signature	<input type="text"/>	Applicants Signature:	<input type="text"/>
		Date:	<input type="text"/>

APPLICATION CHECK LIST

- Completed all relevant parts of this application form
- Included copies of education certificates
- Included School Leaving Certificate
- Included copy of National Identity card
- Proof of English Language proficiency is submitted (if required for admission)
- Reference letter from workplace or supporting evidence indicating work experience

For official use only:

Entry No:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/>	Signature	<input type="text"/>