



Commencement of Training Form (COT)

Program Details:

Name of the Training Programme:
Project Name (if any):
MNQF Level: Duration: Batch Number:
Commencing Date: Modality: Institutional Based Training
Entry Criteria: Employer Based Training
.....
.....

Training Provider Details:

Name of the Training Provider:
Training Provider Registration Number:
Contact:
Address: Atoll: Island:
E-mail Address:

Program Coordinator:

Name: Contact:
Highest Qualification:
ID Card Number:
E-mail Address:

Lecturer(s)/Trainer(s) Details:

(Attach lecturers/trainers Details list as shown above)

#	Full Name	ID Card No.	Contact No.	Full-Time	Part Time	Highest Qualifications	E-mail Address
1							

Student(s) Details:

(Attach lecturers/trainers Details list as shown above)

#	Full Name	ID Card No.	Gender	Permanent Address	NID No.	Date of Birth	Qualification	Contact No.	Student Reg. No.
1									

I declare that all information provided in this form and the document is true and accurate.

Prepared by:

Name: Sign:
Designation: Date:

Program Coordinator:

Name: Sign:
Designation: Date:

Stamp

Documents to Submit with this form:

- CV, National ID Card Copy and Certificates of Trainers/Lecturers
- Training Schedule
- Student National ID Card Copies