



Programme Registration Form

Training Provider Details:

Name of the Training Provider:
Contact Person: Contact No.:
Address: Atoll: Island:
E-mail Address:

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
.....
.....

Program Coordinator:

Name: Contact:
ID Card Number:
Highest Qualification:
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							

Training Facilities:

Training Facility (School/Workshop/Seminar Room etc.):
Capacity:
Location:
.....
.....

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 Copies and Certificates of Trainers/Lecturers