



## Program 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 Program: .....  
Project Name (if any): .....  
MNQF Level: ..... Duration: ..... Batch Number: .....  
Commencing Date: .....  
Type of Training:  School Based Training/ Dhasvaaru  
 Institutional Based Training  
 Employer Based Training  
 Community Development Training

Entry Criteria:  
.....  
.....  
.....

### Program Coordinator:

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

### Lecturer(s)/Trainer(s) Details:

(Attach lecturers/trainers Details list as shown below)

#	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.

### Applicants Declaration

Name: ..... Sign: .....  
Designation: ..... Date: .....

Stamp



**FOR OFFICIAL USE**

**Checklist**

#	Items to Check	Check by TVETA
1	Completed TVETA Program Registration Form.	
2	Curriculum Vitae of the trainer(s).	
3	National ID Card/Work Permit Card Copy of the Trainer(s)	
4	Academic Certificates of the Trainer(s)	

**ACCEPTANCE OF APPLICATION**

Application GEMS No.:		Date:	
Data Entry Staff & Designation:		Sign:	

**DECISION**

Program Registration	<b>REGISTERED</b>		<b>NOT REGISTERED</b>	
QA /TVET Authority				
Signature		Date:	..... / ..... /20.....	