



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:
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.....
.....

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	REGISTERED		NOT REGISTERED	
QA /TVET Authority				
Signature		Date: / /20.....	