



MINISTRY OF HEALTH AND FAMILY
Male', Republic of Maldives

Recruitment Approval

- Notice: 1- Please use BLOCK letters in filling this application form
2- Items I to V are to be filled and completed by the applicant.
3- Two sets of stated certificates should be submitted with the application for recruitment.
4- All documents must be clear

Serial No:

I PERSONAL DETAILS

Name: Sex: F M

Date of Birth: day/month/year Nationality: Contact Tel No:

Passport No: ID card No:

Permanent Address:

II REGISTRATION DETAILS

IN MALDIVES (if previously registered)	OVERSEAS
Registration Number : <input type="text"/>	Registration Number : <input type="text"/>
Council / Authority of Registration: <input type="text"/>	Council / Authority of Registration: <input type="text"/>
Registered date : <input type="text"/> day/month/year	City: <input type="text"/>
Expiry date : <input type="text"/> day/month/year	Country: <input type="text"/>
	Registered date : <input type="text"/> day/month/year
	Expiry date : <input type="text"/> day/month/year

III QUALIFICATIONS

Professional Qualification	Institute	City / Country	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO BE RECRUITED AS:Post: Place of employment: Contact number: Fax number: **Only for visiting doctors / professionals:**Duration of working: Date: to:

Purpose of visit / expected type of services:

Declaration by Employer

We confirm the authenticity of the information contained in this form, about this organization and the applicant's details are accurate.

Name:

Date :

Signature:

Designation:

Official Stamp

IV DOCUMENTS TO BE SUBMITTED *(Please tick the attached the documents as below)***DOCTORS**

1. Qualification Certificates
2. Basic Registration
3. Specialist Registration
4. Internship Certificate
5. Experience Certificate
6. Passport Copy / NID copy

NURSES

1. Qualification Certificates
2. Registration
3. Mark sheet
4. Transcript
5. Experience Certificate
6. Passport Copy
7. IELTS or equivalent English proficiency

HEALTH PROFESSIONALS

1. Qualification Certificates
2. Registration
3. Mark sheet
4. Transcript
5. Secondary school leaving certificate or English Proficiency
6. Experience Certificate
7. Passport Copy

APPROVED BY:

Name:

For Official UseApproved

Designation :

Approved as:

Signature:

Not Approved Reason: **AUTHORISED TO BE RECRUITED:**

Name:

Recruited as:

Designation :

Signature :

Date :

Official Stamp