



**Maldives Nursing Council**  
Ministry of Health and Family, Male', Republic of Maldives

**Application for Nursing Registration**

- 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- Item VI is to be completed and endorsed by the current employer.  
 4- Registration at Maldives Nursing Council is subject to receipt of all necessary documents in good order.  
 5- Originals and a copy of each certificate, passport/ID and a recent photograph (not more than six months) must be submitted along with this application. All originals will be returned after verification.

New Registration       Extention of Registration

Serial No:

Receipt No:

**I PERSONAL DETAILS**

Name:  Sex:  F  M

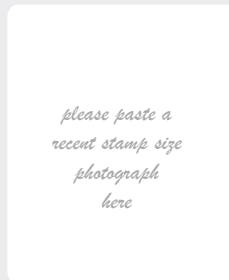
Date of Birth:  day/month/year ID Card / Passport No:

Nationality:  Contact Tel No:

Permanent Address:

Current Address:   
(If different from above)

E- Mail Address:  Marital Status:



*please paste a recent stamp size photograph here*

**II REGISTRATION DETAILS** (if previously registered in Maldives)

Registration Number:

Council / Authority of Registration:

Address:

Registered date:  day/month/year Expiry date:  day/month/year

**III QUALIFICATIONS**

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