



**Maldives Board of Health Sciences**  
Ministry of Health and Family, Male', Republic of Maldives

**Application for registration of Health Professionals\***

- 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 Board of health Sciences 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 6 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 passport 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"/>
<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"/>

#### IV WORK EXPERIENCE

Organization	City	Country	Positions held	Duration
<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"/>

#### V DOCUMENTS TO BE SUBMITTED

1. Qualification Certificates
2. Registration
3. Mark sheet
4. Transcript

  
  
  

5. Passport
6. Secondary school leaving certificate or english proficiency
7. Experience Certificate
8. Copy of recruitment approval

  
  
  

#### Declaration by Applicant

I declare that the information provided in this form is correct to the best of my knowledge.

Signature:

Date : day/month/year

#### VI CURRENT EMPLOYMENT

Place of Employment in Maldives:

Address:

Staff No:  Position :

Date of Employment: day/month/year Contract Valid till: day/month/year Tel No :   
(for contract staff only)

#### If Extensions of Registration

I hereby declare that no disciplinary proceedings are in against the above health professional and that he/she has never been subject to any enquiry.

Signature:

Date : day/month/year

#### Declaration by Employer

We confirm the authenticity of the information contained herein about this organization and the applicant's employment status with us.

Name:

Signature:

Official Stamp

Date : day/month/year

#### For Official Use

Registration Number at Maldives Board of Health Sciences:

Signature :

Date : day/month/year

Designation : .....

\*All health and social service professionals registered at MBHS