

Application Form

Please note that completing and submitting an Application to undertake a **Maldives Polytechnic** course does not guarantee acceptance into the applied course. Use **BLOCK LETTERS** to complete this form. Pleas submit clear copies of **ID card, attested copies of educational certificates,** and any other documents which may be relevant to the programme you are applying

1. Course Information

Course Name (Option 1):						
Course Name (Option 2):						
Course Level	□ CL 1	🗌 CL 2	CL 3	CL 4	Diploma	Associate Degree
Mode of Study	Full time Part-time Block-mode Online					
	☐ Male′	🔲 R. Alifus	hi 🔲 K. Th	ulusdhoo	GA. Villigilli	Addu City, Hithadhoo
Campus	Outreach Learning Centre					

2. Student Information

Applicants First Name:		Last Name:		
Permanent Address:		Gender: 🗌 Male	Female	
Road:		Date of Birth: (d/m/yyyy)	//	
Atoll and Island:		ID Card Number:		
Current Address:		· ·		
Atoll and Island:		Road:	District:	
Phone: (Home)	Mobile Number:	Email address:	@	
Last grade attended: Grade	6 Grade 7 Grade 8	Grade 9 Grade 10	Grade 11 Grade 12	

3. Previous study at MITE, FET, or Maldives Polytechnic

Level of Course	Year Completed
	Level of Course

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4. Employment Records

Are You Employed?	Yes 🗌	No		
Organization:				
Designation:			No. of years employed:	

5. Sponsor Details (For sponsored applicants only)

Name of Organization	on:		Company Stamp
Contact Person:		Designation:	
Phone:	Mobile:	Email:@	

6. Students Statement

Use the space provided to write a statement why you are interested in doing this program.

Students Declaration

I understand that this application does not guarantee a place in the course. I understand the requirements of the course for which I am applying and I am aware that, if necessary, places in the course may be allocated using a competitive selection process, I am aware that I may be responsible for arranging my own transport to training sites. If accepted I am committed to completing the course. I agree to abide by the Maldivs Polytechnic policies, instructions and rules and confirm the accuracy of the information which I have supplied. I consent to Maldves Polytechnic verifying information about me from, or supplying it to, concerned authorities, government and private higher education institutes, and an agency authorised to undertake surveys. If I am an apprentice or trainee, I also consent to Maldves Polytechnic verifying information about me from or suppying it to my employer.

Signature:

Date:

7. Declaration by parent / guardian if the applicant is below 18 years of age

I, (______) hereby declare, I have no objections the above applicant participating in traing course offered at Maldives Polytechnic. I am aware that the applicant will be responsible for arranging own transport to training sites and if accepted applicant is committed to completing the course and abide by the Mladives Polytechnic policies, instructions and rules.

Signature:

Date:

8. Emergency Contact Information

We recommend that you provide the name	me of someone	whom we could c	ontact in the case of emergency. This			
infromation is helpful if you face an accident during the practical session in our institute.						
Name:		Relationship to applicant:				
Current Address:						
Atoll and Island:	Road:		District:			
Phone:	Mobile:		Email:			