



**Maldives  
Polytechnic**

No. 2 Rehendhi Higun, Galolhu,  
Male', 20-364, Maldives

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## 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. Please 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:	<input type="checkbox"/> CL 1	<input type="checkbox"/> CL 2	<input type="checkbox"/> CL 3	<input type="checkbox"/> CL 4	<input type="checkbox"/> Diploma	<input type="checkbox"/> Associate Degree
Mode of study:	<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time	<input type="checkbox"/> Block-mode	<input type="checkbox"/> Online	
Campus:	<input type="checkbox"/> Male'	<input type="checkbox"/> R. Alifushi	<input type="checkbox"/> K. Thulusdhoo	<input type="checkbox"/> GA. Villigilli	<input type="checkbox"/> Addu City, Hithadhoo	
	<input type="checkbox"/> Outreach Learning Centre .....					

### 2. Student Information

Applicant's First Name:		Last Name:	
Permanent Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Road:		Date of birth: (d/m/year)	___ / ___ / ___
Atoll and Island:		ID Card Number:	
Current Address:			
Atoll and Island:		Road:	District:
Phone: (Home)	Mobile Number:	Email address: _____@	
Last grade attended:		<input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12	

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

Have you studied at <b>Maldives Polytechnic</b> or <b>FET</b> before? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list the course(s) you have previously undertaken		
Name of the Course(s)	Level of Course	Year Completed
1		
2		
3		
4		

#### 4. Employment Records

Are You Employed?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Organization:	
Designation:	No of Years Employed:

#### 5. Sponsor Details (For sponsored applicants only)

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

#### 6. Student's Statement – Why do you want to do this course?

Use the space provided to write a statement why you are interested in doing this program.	
<b>Student's Declaration</b>  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 Maldives Polytechnic policies, instructions and rules and confirm the accuracy of the information which I have supplied. I consent to Maldives 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 Maldives Polytechnic verifying information about me from or supplying 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 training 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 Maldives Polytechnic policies, instructions and rules.  Signature: _____ Date: _____	
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#### 8. Emergency Contact Information

We recommend that you provide the name of someone whom we could contact in the case of Emergency. This information is helpful if you face an accident during the practical sessions in our institute.		
Name:		Relationship to the applicant:
<b>Current Address:</b>		
Atoll and Island:	Road:	District:
Phone:	Mobile:	Email: