



Maldives Nursing Council
Ministry of Health, 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.

Serial No:

☐ New Registration ☐ Extension of Registration ☐ Practicing License Renewal 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"/>
<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"/>

Organization	City	Country	Position held	Duration

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

4. ID card / Passport Copy
5. IELTS
6. Experience Certificate

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

Date : *day/month/year*

Place of Employment in Maldives:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
Staff No:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Position :	<input style="width: 100%;" type="text"/>		
Date of Employment:	<input style="width: 100px;" type="text" value="day/month/year"/>	Contract Valid till:	<input style="width: 100px;" type="text" value="day/month/year"/>
		(for contract staff only)	Tel No : <input style="width: 20px;" type="text"/>

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

Date : day/month/year

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

Signature:

Date : day/month/year

Registration Number at Maldives Nursing Council:

[illegible]

Registered as:

Signature :

Date : day/month/year

Designation :