



MALDIVES
NURSING AND
MIDWIFERY COUNCIL



Application for External Examiner

Notice:

- Please use BLOCK letters in filling this application form
- Recent passport size photo
- The completed application form should be forwarded to the council
- All documents must be attested

Receipt No:

Name:

Date of Birth:

ID Card No:

Nationality:

Contact Tel No :

Registration Number :

Sex: F M

Permanent Address:

Current Address:

Current Employment:

Email Address:

:

*please paste a
recent stamp size
photograph
here*

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"/>

V DOCUMENTS TO BE SUBMITTED (attested copies only)

1. ID Card Copy
2. Copy of registration
3. Copy of licence (up to date)
4. Copy of educational qualifications
5. Letter of Expedience
6. Current employment letter (if applicable)
7. Experience as an external examiner in the last two years: (letter from a relevant authority)

Self Declaration

I hereby declare that the information provided by me in this application is true to the best of my knowledge.

Signature:

Date :