



Application for Nursing Re-Registration & Re-Licensing (Foreigners)

Notice:

1. Please use BLOCK letters in filling this application form
2. Items **I** to **III** are to be filled and completed by the applicant.
3. Items **IV** is to be completed and endorsed by the current employer.
4. Copy of MNMC Registration Certificate. Passport/ID Copy and 1 recent photograph (not more than six months) must be submitted along with this application registration and licensing fee.
5. Without a Valid Contract Registration and License will not be renewed.
6. Registration fee (non-refundable)

Serial No:

Receipt No:

Re-Registration

Re-License

I PERSONAL DETAILS

Name: Sex: F M

Date of Birth: 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: Practicing License Number:

Registration date: Licensed Date:

Registration Expiry Date: Licensing Expiry Date:

3. Document to be submitted for Renewal of License

Foreign nurses are required to renew the Registration and practicing license every 2 years. In order to apply for renewal following documents need to be submitted

- a. Renewal application form
- b. Passport Copy
- c. Previous Registration and License copy
- d. Valid Contract details

III QUALIFICATIONS

Professional Qualification	Institute	City / Country	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

IV 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)

Declaration by Employer

I hereby declare that no disciplinary proceedings are in against the above practitioner and that he/she has never been subject to any enquiry. We confirm the authenticity of the information contained herein about this organizations and the applicant's employment status with us.

Name:

Signature:

Official Stamp

Date : day/month/year

For Official Use

Registration Number at Maldives Nursing and Midwifery Council:

Registered as:

Date : day/month/year

Signature :

Designation :