



**MALDIVES  
NURSING AND  
MIDWIFERY COUNCIL**



## Application for Competency Exam

Notice:

- \* Please use BLOCK letters in filling this application form
- \* If applying for exam without pre-registration approval, should submit Nursing Qualification and Initial Registration. (applicable for foreigners)

Receipt No:

Name:

Date of Birth:  ID Card / Passport No:

Nationality:  Contact Tel No :

Registration Number (if applicable) :  Sex:  F  M

Permanent Address:

Current Address:

Current Employment:   
(If applicable)

Email Address:

Number of attempt for the Licensing Exam:

Examination Campus: Male' City  G.dh. Thinadhoo  H.Dh. Kulhudhufushi   
S. Hithadhoo  L.Gan

### 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"/>

### V DOCUMENTS TO BE SUBMITTED

1. MNMC Provisional registration copy
2. Passport / ID card copy
3. If applying Exam without Pre-registration Nursing Qualification and Initial Registration.

### Declaration by Applicant

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

Signature:

Date :