



Maldives Medical and Dental Council

Application for eligibility into a Postgraduate Medical/Dental Programme

Note: All the documents submitted to the council must be in English language. Translated copies must be stamped by a relevant authority.

PERSONAL DETAILS

Name:

Date of birth: National ID No.

E-mail Address: Mobile No.

Permanent Address:

ACADEMIC QUALIFICATIONS

Qualification	Institute	Duration
<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"/>

WORK EXPERIENCE

Position	Organization	Duration
<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"/>

INTENDED PROGRAMME FOR RECOGNITION/APPROVAL

Name of the Programme:

Institute/Country:

Duration: Start date: End date:

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 : *day/month/year*

DOCUMENTS TO BE SUBMITTED

- MMDC registration certificate
- Offer letter
- ID copy
- Course curriculum
- Institute/programme recognition *(from the council or regulatory body of the country)*