

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



## Maldives Medical and Dental Council

Ministry of Health , Male' , Republic of Maldives

### Application for Medical Licensing Exam

Notice: 1-Please use BLOCK letters to complete this application form  
2-Recent Passport size photo

Receipt no:

#### I PERSONAL DETAILS

Name:  Sex:  F  M

Date of Birth:  ID/PP No:

Nationality:  Contact No :

Permanent Address:

Current Address:   
( If different from above)

E- Mail Address:

Current Employment:

Number of attempt for the Licensing Exam:

Examination Campus: Male'  Gdh. Thinadhoo  Hdh. Kulhudhuffushi

S. Hithadhoo  L. Gan

please paste a  
recent passport size  
photograph  
here

#### II PROFESSIONAL QUALIFICATIONS (MBBS)

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"/>

#### III DOCUMENTS TO BE SUBMITTED

1. MMDC provisional registration copy
2. PP /ID card copy

#### 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 :