



## Maldives Medical and Dental Council

### Application for eligibility into a Basic 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

##### GCE O'LEVEL/EQUIVALENT EXAMINATION RESULTS

Subject	Result	Year
English Language	<input type="text"/>	<input type="text"/>
Biology	<input type="text"/>	<input type="text"/>
Chemistry	<input type="text"/>	<input type="text"/>
Physics	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### GCE A'LEVEL/EQUIVALENT EXAMINATION RESULTS

Subject	Result	Year
Mathematics	<input type="text"/>	<input type="text"/>
Biology	<input type="text"/>	<input type="text"/>
Chemistry	<input type="text"/>	<input type="text"/>
Physics	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### OTHER 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"/>

#### 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

- Qualification certificates  
 Offer letter  
 ID copy