MAHC-F-GSC/RV-V-001

Maldives Allied Health Council

Male’, Republic of Maldives

**Application for Certificate of Good Standing**

Notice:

Please use BLOCK letters in filling this application form

The completed application form should be forwarded to the council

*Receipt No:*

# Name:

Date of Birth: ID Card / Passport No:

*day / month / year*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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# Nationality: Contact Tel No :

Registration Number : Permanent Address:

# Current Employment:

Registration Date :

# If required to send the certificate directly from the Council by mail/post to abroad, give full details of mailing/postal address

\* Please make the necessary arrangements for postage

Organization Name:...................................................................................................................................................................

Street Name:...............................................................................................................................................................................

City, Town:......................................................................................... Phone Number:............................................................

Postal Code:....................................................................................... Fax Number:................................................................

Country Name:................................................................................... Email Address:.............................................................

# Signature by Applicant:

**Declaration by Employer**

# Date :

*day/month/year*

# If any disciplinary action has been taken or is pending against the above applicant due to professional misconduct or ethical

issues

No Yes, specify

# Name:...................................................................... Designation: ...........................................................

# Organization: ..........................................................

Signature:

# Official Stamp

Date :  *daym/ onthy/ear*

*Maldives Allied Health Council, Ministry of Health , Male’, Republic of Maldives*

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