



MAHC-F-Exam-V-001

Maldives Allied Health Council
Ministry of Health, Male', Republic of Maldives
Application for Competency Exam

Notice:

Please use BLOCK letters in filling this application form

Competency Exam: Lab technologist/ Pharmacist/ Radiographer Interview and Exam

Lab technologist/ Pharmacist Exam

TVET Pharmacy Assistant Competency Exam

Receipt No:

Name:

Date of Birth: ID Card / Passport No:

Nationality: Contact Tel No:

Pre-Registration Number: Sex: F M

Permanent Address:

Current Address:

Current Employment:

Email Address:

Number of attempt for the Exam:

Examination Campus Only for TVET Pharmacy Assistant Exam: Male' H.Dh. Kulhudhufushi

S. Hithadhoo L.Gan G.dh. Thinadhoo

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. MAHC Pre-Registration Slip Copy
2. TVET Pharmacy Assistant Registration Copy
3. Passport / 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: day/month/year/ /

Note: All applicant who are sitting for FHS Exam need to registered in FHS before two days prior Exam Date.

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