



MAHC-F-GSC/RV-V-002

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:

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Nationality:

Contact Tel No :

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Registration Number :

Registration Date :

Permanent Address:

Current Employment:

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:

Date : *day/month/year*

Declaration by Employer

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 : *day/month/year*