



# Maldives Polytechnic

No. 2 Rehendhi Higon, Galolhu,  
Male', 20-364, Maldives.

## Application Form

Please note that completing and submitting an Application to Undertake a **Maldives Polytechnic** course does not guarantee acceptance into the applied course. Use **BLOCK LETTERS** to complete this form. Please submit clear copies of **ID card, attested copies of educational certificates**, and any other documents which may be relevant to the program you are applying.

### 1 Course details (Write the name of the course only)

|                               |   |                                      |  |   |   |   |
|-------------------------------|---|--------------------------------------|--|---|---|---|
| Write the name of the Course: |   |                                      |  |   |   |   |
| Course Level:                 | <input type="checkbox"/> CL 1                           | <input type="checkbox"/> CL 2        | <input type="checkbox"/> CL 3          | <input type="checkbox"/> CL 4           | <input type="checkbox"/> Diploma              | <input type="checkbox"/> Associate Degree |
| Mode of study:                | <input type="checkbox"/> Full-time                      | <input type="checkbox"/> Part-time   | <input type="checkbox"/> Block-mode    | <input type="checkbox"/> Online         |   |   |
| Campus:                       | <input type="checkbox"/> Male'                          | <input type="checkbox"/> R. Alifushi | <input type="checkbox"/> K. Thulusdhoo | <input type="checkbox"/> GA. Villigilli | <input type="checkbox"/> Addu City, Hithadhoo |   |
|                               | <input type="checkbox"/> Outreach Learning Centre ..... |                                      |  |   |   |   |

### 2 Student information (All questions in this section are mandatory and must be completed in full, and we assure you the confidentiality of the personal information)

|                           |   |                                  |  |
|---------------------------|---|----------------------------------|--|
| <b>Applicant's Name:</b>  |   |                                  |  |
| <b>Permanent Address:</b> | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female                                       |                                  |  |
| Road:                     | Date of birth: (d/m/year)   | ___ / ___ / _____                |  |
| Atoll and Island:         | ID Card Number:   |                                  |  |
| <b>Current Address:</b>   | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single No of Children (If any): _ |                                  |  |
| Atoll and Island:         | Road:   | District:                        |  |
| Phone: (Home)             | Mobile Number:  | Email address: _____@            |  |
| Last grade attended:      | <input type="checkbox"/> Grade 7  | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 |
| Last school attended:     |   |                                  |  |

### 3 Previous study at MITE, FET, or Maldives Polytechnic

|   |                 |                |
|---|-----------------|----------------|
| Have you studied at <b>Maldives Polytechnic or FET</b> before? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list the course(s) you have previously undertaken |                 |                |
| Name of the Course(s)   | Level of Course | Year Completed |
| 1   |                 |                |
| 2   |                 |                |
| 3   |                 |                |

#### 4 Employment Records

|   |                       |
|---|-----------------------|
| Are You Employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name of Employer: _____ If No, How long? ____<br>Years |                       |
| No of years in the employment:  | Type of Employer:     |
| Name of the job employed:   | No of Years Employed: |

#### 5 Sponsor Details (For sponsored applicants only)

|                       |              |               |
|-----------------------|--------------|---------------|
| Name of Organisation: |              | Company Stamp |
| Authorised Name:      | Designation: |               |
| Phone:                | Mobile:      |               |

#### 6 Student's statement – Why do you want to do this course?

Use the space provided to write a statement why you are interested in doing this program.

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**Student's Declaration**

I understand that this application does not guarantee a place in the course. I understand the requirements of the course for which I am applying and I am aware that, if necessary, places in the course may be allocated using a competitive selection process. I am aware that I may be responsible for arranging my own transport to training sites. If accepted I am committed to completing the course. I agree to abide by the Maldives Polytechnic policies, instructions and rules and confirm the accuracy of the information which I have supplied. I consent to Maldives Polytechnic verifying information about me from, or supplying it to, concerned authorities, government and private higher education institutes, and an agency authorised to undertake surveys. If I am an apprentice or trainee, I also consent to Maldives Polytechnic verifying information about me from or supplying it to my employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 7 Declaration by parent/ guardian if the applicant is below 18 years of age:

I, ( \_\_\_\_\_ ) hereby declare, I have no objections the above applicant participating in training course offered at Maldives Polytechnic. I am aware that the applicant will be responsible for arranging own transport to training sites and if accepted applicant is committed to completing the course and abide by the Maldives Polytechnic policies, instructions and rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 8 Emergency Contact Information

We recommend that you provide the name of someone whom we could contact in the case of Emergency. This information is helpful if you face an accident during the practical sessions in our institute.

|                         |                                |           |
|-------------------------|--------------------------------|-----------|
| Name:                   | Relationship to the applicant: |           |
| <b>Current Address:</b> |                                |           |
| Atoll and Island:       | Road:                          | District: |
| Phone:                  | Mobile:                        | Email:    |