

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



**Maldives Medical and Dental Council**  
 Ministry of Health, Male', Republic of Maldives  
**Application for Medical Registration**

- Notice: 1- Please use BLOCK letters in filling this application form  
 2- Items I to V are to be completed by the applicant.  
 3- Item VI is to be filled and completed and endorsed by the current employer.  
 4- The council will require 1 week to process your application.  
 5- Originals and a copy of each certificate, passport/ID and a recent photograph (not more than six months) must be submitted along with this application. All originals will be returned after verification.

New Registration  Extension of Registration

Serial No:   
 Receipt No:

**I PERSONAL DETAILS**

Name:  Sex:  F  M

Date of Birth:  ID Card / Passport No:

Nationality:  Contact Tel No:

Permanent Address:

Current Address:   
*(If different from above)*

E- Mail Address:  Marital Status:

*please paste a recent passport size photograph here*

**II REGISTRATION DETAILS** *( if previously registered in Maldives)*

Registration Number :

Council / Authority of Registration:

Address:

Registered date :  Expiry date :

**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"/>
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### IV WORK EXPERIENCE

Organization	City	Country	Position held	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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### V DOCUMENTS TO BE SUBMIT

1. Qualification Certificates
2. Basic Registration Certificates
3. Specialist Registration
4. Internship Certificate

  
  

5. Passport Copy
6. Experience Certificates
7. Copy of recruitment approval form

  
  

#### Declaration by Applicant

I declare that the information provided in this form is correct to the best of my knowledge.

Signature:

Date : day/month/year

#### VI CURRENT EMPLOYMENT

Place of Employment in Maldives:

Address:

Staff No:  Position :

Date of Employment: day/month/year Contract Valid till: day/month/year Tel No :   
(for contract staff only)

#### If Extensions of Registration

I hereby declare that no disciplinary proceedings are in against the above practioner and that he/she has never been subject to any enquiry.

Signature:

Date : day/month/year

#### Declaration by Employer

We confirm the authenticity of the information contained herein about this organization and the applicant's employment status with us.

Name:

Signature:

Official Stamp

Date : day/month/year

#### For Official Use

Registration Number at Maldives Medical and Dental Council:

Registered as:

Signature :

Date : day/month/year

Designation : .....