

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

QI-NC /F/09/003-9



**Maldives Nursing and Midwifery Council**  
Ministry of Health, Male', Republic of Maldives

**Application for Nursing Registration**

- Notice: 1- Please use BLOCK letters in filling this application form  
2- Items I to V are to be filled and completed by the applicant.  
3- Item VI is to be completed and endorsed by the current employer.  
4- Registration at Maldives Nursing and Midwifery Council is subject to receipt of all necessary documents in good order.  
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.  
6- Registration fee MVR 150 (Non-refundable)

Serial No:

New Registration  Extension of Registration  Practicing License Renewal 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 stamp 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 SUBMITTED

1. Qualification Certificates
2. Registration
3. Mark sheet
4. Transcript

4. ID card / Passport Copy
5. IELTS
6. Experience Certificate

#### 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 nurse 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 Nursing and Midwifery Council:

Registered as: \_\_\_\_\_

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

Date : day/month/year

Designation : .....