



**Maldives Nursing Council**  
Ministry of Health and Family, 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 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.

☐ New Registration ☐ Extension of Registration

Serial No:

Receipt No:

**I PERSONAL DETAILS**

Name:  Sex: ☐ F ☐ M

Date of Birth:  day/month/year 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:  day/month/year Expiry date:  day/month/year

**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"/>

Organization	City	Country	Position held	Duration

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


5. Secondary school leaving certificate or english proficiency
6. Experience Certificate
7. If for extension of registration, verification form
8. Copy of recruitment approval


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

Date : *day/month/year*

Place of Employment in Maldives:   
Address:   

Staff No:

Position :

Date of Employment:  Contract Valid till:  Tel No :

(for contract staff only)

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

Date : day/month/year

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

Signature:

Date : day/month/year

## Registration Number at Maldives Nursing Council:

[illegible]

Registered as:

Date : day/month/year

Signature :

Designation : .....