

Hope Institute for Research and Training M. Kurigam, 1A (1^{*} floor) Ithaa Goalhi Male', Maldives

APPLICATION FORM

1. APPLICANT INFORMATION

Full name: (As in NIC)	
ID Card No.	
Date of Birth (dd/mm/yyyy)	
Sex	Male Female
Marital Status	Single Married
	House Name:
	District
Permanent Address:	Street:
	Atoll / Island:
Current Address (if different from above)	House Name:
	District
	Street:
	Atoll / Island:
Contact Number	
Email Address	

2. COURSE INFORMATION

Course Name:		
Study Mode:	Part time	Full time

3. ACADEMIC QUALIFICATION

Year	Examination / Qualification	Institute / Awarding body	Subject	Grade

4. FUNDING & SPONSORSHIP INFORMATION

Private funding

Source of Funding:

Sponsored

5. SPONSOR DETAILS

Name:		
Address:	Name:	
	District	
	Street:	
	Atoll / Island:	
Contact Number:		
Email Address:		
Relationship with applicant:		Stamp of sponsor
Authorised by:		
Designation:		
Signature		

6. PARENT / GUARDIAN / SPOUSE INFORMATION

Full name: (As in NIC)	
ID Card No.	
Relationship to	
applicant	
Permanent Address:	House Name:
	District
	Street:
	Atoll / Island:
Contact Number	
Email Address	

7. DECLARATION

I declare that all the information given in this application form and the attached documents are true and accurate.

Signature of applicant Date

8. APPLICATION CHECKLIST

Photocopies of relevant academic certificates

Sponsor letter (for sponsored students)

Copy of national ID Card

Application fee of MVR 150

9. FOR OFFICE USE

Application received by:		
Name		
Date		
Signature		
Enrolment Approved by:		
Name		
Date		
Signature		