

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



Maldives Medical and Dental Council

Ministry of Health , Male' , Republic of Maldives

Application for Medical Licensing Exam

Notice: 1-Please use BLOCK letters to complete this application form
2-Recent Passport size photo

Receipt no:

I PERSONAL DETAILS

Name: Sex: F M

Date of Birth: ID/PP No:

Nationality: Contact No :

Permanent Address:

Current Address:
(If different from above)

E- Mail Address:

Current Employment:

Number of attempt for the Licensing Exam:

Examination Campus: Male' Gdh. Thinadhoo Hdh. Kulhudhuffushi

S. Hithadhoo L. Gan

please paste a
recent passport size
photograph
here

II PROFESSIONAL QUALIFICATIONS (MBBS)

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"/>

III DOCUMENTS TO BE SUBMITTED

1. MMDC provisional registration copy
2. PP /ID card copy

Declaration by Applicant

I hereby declare that the information provided by me in this application is true to the best of my knowledge.

Signature:

Date :