

5- LOAN STATUS		
Do you have an outstanding loan at DEFAULT in the Bank of Maldives or Lhaviyani Atoll Fund? If you are paying loan regularly or according to the schedule then your loan will NOT be considered as a loan at DEFAULT .	Yes	No
Do you have an outstanding student loan in the bank of Maldives or at the Department of Higher Education? If yes, Please submit the evidence that the repayment is regularly made. Copies of the Bank letters, repayment slip, etc. can be submitted as evidence.	Yes	No

6- EMPLOYMENT STATUS		
Are you employed at the moment? If yes, please present letter authorizing your release for the course if you are selected.	Yes	No

7- SERVICE BOND		
Do you have a bond to serve the government? If yes, a. Please write the name of the course for which financial assistance was granted. Provide evidence of your service to the government / state after completion of your sponsored course. Letter from the employer will be required as evidence and should include the date of commencement and the date of termination from the job. If you have not served an existing bond, please provide evidence that you have been exempted from your service bond. b. Please write the name of the office that sponsored your course for which you have been bonded.	Yes	No

8- DETAILS OF YOUR GUARENTOR		
Name:	Present Address:	Permanent address:
Your Relationship:	ID NO:	Signature of Guarantor:
<ul style="list-style-type: none"> Guarantor will be required to sign in the official agreement if your application is successful. Guarantor must have a blood tie to a member of the immediate or extended family of the candidate as per the article No. 24 of the “Faadhippolhu Vinavi Scheme (New Student) Usool” and article No. 23 of the “Faadhippolhu Vinavi Scheme (Current Student) Usool”. 		

9- EDUCATIONAL QUALIFICATIONS		
Please tick the columns to indicate all levels of education you have completed including the highest level and submit attested originals of accredited copies of all qualification mentioned here.		
#	Categories	✓
1	MNQF Level 9 (Maters)	
2	MNQF Level 7 or 8 (Degree)	
3	MNQF Level 6 (Advance Diploma)	
4	MNQF Level 5 (Diploma)	
5	Others (Please Specify)	
6	A/L or Equivalent	
7	O/L and Foundation or Advance Certificate	
8	O/L or Equivalent	

Please provide the details of funding received for all the qualifications listed from 1 to 5 in the above list.						
#	Course Name: (Eg: Diploma)	Funding type and details: (Choose from below) Eg: 3 Partial loan	Name of the sponsor: (Eg: Ministry of Health)	Amount of sponsorship	Duration	
					Start Date	End Date
1						
2						
3						

Did you receive any other financial assistance addition to what you have mentioned above under 8? (Eg: Hunaru program) If Yes, Please specify.	Yes	No
Are you doing a course at the moment? If Yes, Please give the date of commencement of the course.	Yes	No

10- RELATIVE'S DETAILS

RELATIVE NO. 1 who could provide information about you

Name:	Relationship:	Home Address:	Workplace and Address:
		Tel:	Tel:

RELATIVE NO. 2 who could provide information about you

Name:	Relationship:	Home Address:	Workplace and Address:
		Tel:	Tel:

Please provide contact numbers of family and close relatives who can be contacted in case of emergency.

1- Name:	Relationship:	Contact no:
2- Name:	Relationship:	Contact no:
3- Name:	Relationship:	Contact no:

Please check whether your application is complete and the following documents are included:
 Main Document to be submitted with the application form

<input type="checkbox"/>	Completed application form.
<input type="checkbox"/>	Copy of National ID card of both candidate and financial guarantor.
<input type="checkbox"/>	No objection letter from the employer that you will be released to study as a full time student.
<input type="checkbox"/>	Official document as evidence of bond service. (applicable for candidates who have a service bond)
<input type="checkbox"/>	Attested original of all certificates stated in part 8
<input type="checkbox"/>	Validated original / copies of validated certificates (If submitting a copy of the validated certificate the copy must be an attested original)
<input type="checkbox"/>	Attested original of transcripts (Full transcripts) (If exemption were given for any course module / modules, please provide the transcripts of the previous courses from which exemption were given)
<input type="checkbox"/>	Document to provide that stated course is available at an institution of the stated country (online documents from websites are accepted)
<input type="checkbox"/>	Document to proof if you doing a course at the moment (online documents from websites are accepted)
<input type="checkbox"/>	All other supporting documents required to provide the validity of the information provided where necessary. (Please check each section thoroughly)
<input type="checkbox"/>	If applying for Nursing / Other allied health professional courses. Submit relevant documents to prove your eligibility for the applying course from the Medical Council or Nursing Council or Maldives Board of Health Sciences.

<input checked="" type="checkbox"/> Have you been nominated for a government scholarship or student loan right now? If yes please specify	Yes	No

APPLICATION'S DECLARATION

I certify that the information provided about me in this application is corrected and I enclose valid documents required to support my application. I understand that the provision of incomplete or false information may lead to my disqualification. If my application is accepted, I undertake to abide by the regulations stipulated in the "Faadhipolhu Vinavi Usoolu".

Name: Signature: Date:

අපදාන ප්‍රකාශනයේ වරදක් නොවන බවට සහතික කරමිනි.

මම සහතික කරමිනි, මගේ මෙහි ප්‍රකාශනයේ සියලුම තොරතුරු සත්‍ය වන බවට සහතික කරමිනි. මම මගේ ප්‍රකාශනය සඳහා අවශ්‍ය වන සියලුම සාක්ෂි සාධක සමඟ භාර දෙමිනි. මම මගේ ප්‍රකාශනයේ අසම්පූර්ණ හෝ වැරදි තොරතුරු සපයීම හේතු වන අසාධකයක් සඳහා මාගේ අයුතුකම පිළිබඳව සිදුවිය හැකි ප්‍රතිඵලයන් සඳහා මාගේ දායකත්වය පිළිබඳව මාගේ දැනුවත්කම මට ඇතැයි මට දනිමිනි. මාගේ ප්‍රකාශනය පිළිබඳව මාගේ ප්‍රකාශනය පිළිබඳව මාගේ දැනුවත්කම මට ඇතැයි මට දනිමිනි. මාගේ ප්‍රකාශනය පිළිබඳව මාගේ ප්‍රකාශනය පිළිබඳව මාගේ දැනුවත්කම මට ඇතැයි මට දනිමිනි.

..... : **සහතික** : **නම** : **දිනය**

සටහන 1: වසරේ මුද්‍රාවක් ලෙස ප්‍රකාශනයේ මෙහි ප්‍රකාශනයේ සියලුම තොරතුරු සත්‍ය වන බවට සහතික කරමිනි.

Note 2: please ensure you obtain a receipt on handover of the documents.