



APPLICATION FORM

Title of Course ފަންޓް ސަރުކާރުގެ ދަށުން

Personal Data ފަންޓް ސަރުކާރުގެ ދަށުން

ނަންމު (އިދާރާތަކާ އެއްގޮތަށް)
 Name: (as in ID Card)

ފަންޓް ސަރުކާރުގެ ދަށުން
 ID Card No:

ފަންޓް ސަރުކާރުގެ ދަށުން
 Permanent Address:

ފަންޓް ސަރުކާރުގެ ދަށުން
 Present address

ފަންޓް ސަރުކާރުގެ ދަށުން
 Date of birth: D M Y

ފަންޓް ސަރުކާރުގެ ދަށުން
 Sex: M F

ފަންޓް ސަރުކާރުގެ ދަށުން
 Telephone:

ފަންޓް ސަރުކާރުގެ ދަށުން
 Age:

ފަންޓް ސަރުކާރުގެ ދަށުން
 Mobile:

Educational Qualification ފަންޓް ސަރުކާރުގެ ދަށުން

ފަންޓް ސަރުކާރުގެ ދަށުން

Subjects	Result	Year	Exam

Other Training and Qualifications ފަންޓް ސަރުކާރުގެ ދަށުން

ފަންޓް ސަރުކާރުގެ ދަށުން

Institution / Examining Body	Detail of Training or Qualification	Duration of Training

Employment

معلومات التوظيف

Establishment:

Designation:

Specify, if involved in any other income generation activity:

Experience

الخبرة

Have you ever had any previous training in this field?

Yes

No

If Yes, Course:

Date

Place of Training:

Duration

Specify, if involved in any activity in this field:

Service

الخدمة

Do you plan to do any work in this field?

Yes

No

If Yes, Specify, what is the activity / service you plan to carry out:

Do you plan to do further studies in this field after you complete this course?

Yes

No

Sponsor

المستفيد

Do you have a sponsor who would offer you a job after the completion of this course?

Yes

No

If Yes, Specify, where your job offer is from:

If No, Would you be able to get any assistance to begin an income generation work in this field:

Yes

No

If Yes, Specify, who / where your sponsor is from:

