



## Bio Data Summary

<b>Name:</b>		<b>D.O.B:</b>	
<b>Nationality:</b>		<b>Passport No:</b>	
<b>Applied for the Post of:</b>			
Are you are in any treatment? If yes please specify			
Are you are pregnant? Applicable <b>only female</b>			
Did you have taken any treatment for any illness more than 2 month period? If yes please specify			
Did you Already applied you're document to ministry through any other agency			
Did you work any other health facilities in Maldives?			

### 1-Academic

No.	Course	Period Study		Date of passing qualifying exam	College of study
		From	To		
1					
2					
3					

### 2-Experience

No.	Name of the Institution	No of Bed	Period		Total Duration	
			From	To	Years	Months
1						
2						
3						
4						
5						
6						
<b>Total Experience:</b>						

I certify that all information on this form and additional support ing information submitted with this form is true and complete to the best of my knowledge.

I acknowledge that if I provide incorrect or incomplete information this may result in ameracements pronounced by the Health ministry.

Sign: