E/MMDC/2016/001

بسم الله الرحمن الرحيم

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: *day/month/year* 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

please paste a recent passport size photograph here

II PROFESSIONAL QUALIFICATIONS (MBBS)

Qualification	Institute	City / Country	Year

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 : *day/month/year*