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REGISTRATION FORM

Section A: Personal Informations

Complete all of your details including contact numbers and email. Maldives Institute of Technology will contact you by telephone or email to provide you information relevant to your application, orientation and enrolment.

Full Name:

ID Card No:

Date of Birth:

Email:

Address: *House:*
(with apartment number if applicable)

Phone No:
(Telephone number of current address)

Gender: *Male* *Female*

Contact Numbers:

Nationality:

Street:

Atoll: *Island:*
(eg: Kaafu) (eg: Male')

Section B: Program Details

Course Name: Course Duration:

Section C: Educational Qualifications

For past history of academic qualifications, you need to include details of schools/colleges you have attended, dates of completion or indication of studies yet to complete.

Highest Qualification Achieved:

License Categories:

Section D: Employment

You have to complete this section if you are employed

Employer/ Organization:

Job Title:

Contact:

Email:

DECLARATION BY STUDENT

Name of Student:

Date:

Signature:

For Office Use Only

Received by:

Date:

Name and Signature of the Staff:

Course Information:

Batch No:

Completed:

CPD Points:

Submit forms:

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