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| Contributor Registration Form | | | | | | | | | |
| **INSTRUCTIONS: Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions.** | | | | | | | | | |
| **1. Family name (surname)** | | | **2. First names** | | | | **3. Middle name, if applicable** | | |
| **4. Date of birth**  day month year | **5. Place of birth** | | | | **6. Nationality** | | | **7. Gender**  Male  Female | |
| **8. Interested Area:** (Please Tick (🗸) the desired area/s)   |  |  | | --- | --- | |  | Fitness | |  | Featured Article | |  | Nutrition | |  | Technology and Innovation | |  | Sports History of Maldives | | | | | | | | | | |
| **9. Permanent address** | | | | **10. Present address** if different from that indicated in box 10 | | | | | |
| **11. Telephone numbers**  Home/Mobile;  Work; | | | **12. Personal and/or professional e-mail address:** | | | | | | |
| **13.** **EDUCATIONAL BACKGROUND**: Give full details - NB Please give exact titles of degrees in original language  A. List all educational institutions attended, including secondary school, and diplomas/degrees or equivalent qualifications obtained (highest level education first). Give the exact name of the institution and the title of degrees, diplomas, etc. (Please do not translate or indicate equivalent degrees). | | | | | | | | | |
| Name, place and country | | Attended from/to  Mo/Year Mo. /Year | | | Degrees / Diplomas obtained | Main course of study | | | In person or  Online/remote? |
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| **14. List any websites, magazines, content projects, or other social media platform that you have contributed articles that we can review:** | | | | | | | | | |
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| **15. EMPLOYMENT RECORD:** Starting with your present post, list the latest employments you have had. | | | | | | | | | |
| Name of employer: | | Post held | | | From-to (month/year) | Address of employer | | | |
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| **16.** References: list **two** persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference | | | | | | | | | |
| Full Name | | | Full Address, including E-Mail Address and Telephone Number | | | | | Name of Organization,  Business or Occupation | |
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| **17.** I certify that the information I have provided in the present document is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or material omission made in this document may lead to the rejection of this application.  **DATE**:       **SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |