



މާލިއްޔާ ބަސްބޯލް ގުޅުވާލާ ސަލާސަތު

MALDIVES BASKETBALL ASSOCIATION



H. Boalhage, Republic of Maldives

ރ. ބާލަޖެ، ދުވަ، ދިވެހިރާއްޖެ

COACHES GRADING REGISTRATION FORM

Tick the categories to register

Player
 Coach
 Referee
 Administrator
 Table Official
 Statistician

Personal details			
Surname (As in Passport)			
Given Name (As in Passport)			
Sex		Marital Status	
Date of birth		Religion	
Place of birth Town / City		Country of birth	
Citizenship / National ID No.		Educational Qualification	
Visible identification marks			
Current Nationality		Nationality by birth / Naturalization	

Passport Details			
Passport No.		Date of issue (dd/mm/yyyy)	
Place of issue		Date of expiry (dd/mm/yyyy)	
Any other Passport / Identity Certificate held (if yes, please fill in the following)			
Country of issue		Place of issue	
Passport / IC No		Date of issue (dd/mm/yyyy)	
Nationality / status			

Applicant's Contact Details			
Present Address		Phone No	
		Mobile no.	
		Email address	
Permanent Address			

Family Details			
Relation	Name	Nationality	Country of birth
Father			
Mother			
Spouse			

Basketball Details				
Club / Academy				
School				
PLAYER				
Career starting year				
Player Experience	School :		No. of matches played	
	Office :		No. of matches played	
	Club :		No. of matches played	
		Division 1	No. of matches played	
		Division 2	No. of matches played	
	International :			
Coach				
Career starting year				
Coaching Experience			No. of matches coached	
	School :		U - 12	
			U - 14	
			U - 16	
	Office :		Number of matches coached	
Club :		Number of matches coached		
	International :			
Referee				
Career starting year				
Referee Experience				
	International :			
Table Official				
Career starting year				
Officiating Experience				
	International :			

Note : Please attach a copy of Birth Certificate, Passport and Id Card with 1 Passport Size Photo