

MEDICAL INTERNSHIP APPLICATION FORM

SECTION 1. PERSONAL INFORMATION (FILL IN BLOCK LETTERS)

Applicant's Name:		ID/ Passport No:
Date of Birth: DD / MM / YYYY	Nationality:	Your recent pp size photo here
Phone No (with country code at beginning):		
Email	Gender: Male Female	
Permanent Address:		
Current Address:		
Guardian Name:	Relationship:	Contact No:

SECTION 2. QUALIFICATIONS

Professional Qualification	Institute	City/Country	Date of completion	Duration

SECTION 3. APPLICANT'S DECLARATION

I hereby declare that the above statements are true to the best of my knowledge and belief.

Date:

Applicant's Signature:

CHECK LIST OF REQUIRED DOCUMENTS

1. MBBS Completion Certificate from Medical College/University: MQA accredited and attested copy
2. Valid Provisional Registration for Internship from Maldives Medical and Dental Council (Attested copy)
3. Copy of National ID card/Passport
4. Police Clearance: Covering the past 5 years