



Judicial Academy
Department of Judicial Administration
Malé, Republic of Maldives

APPLICATION FORM

PERSONAL			
Name:		Gender:	
Date of Birth:		Passport Number:	
Marital Status:		PP Expiry date:	
Mobile Number:		Email Address:	

EMPLOYMENT DETAILS			
Designation:		Organization:	
Joined date:		No. of years in Judiciary:	
Job Description:			

COURSE DETAILS			
Course Name:		Institution:	
Duration:		Country:	
Reasons for applying:			
Have you previously attended courses under the Singapore Cooperation Programme?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			

APPLICANT'S SUPERVISOR'S DETAILS			
Name:		Designation:	
Organization:		Email Address:	
Please describe why the applicant has been nominated for this course:			
Please describe what skills/knowledge you would like the applicant to gain from this course:			

APPLICANT'S DECLARATION
<p>I certify that to the best of my knowledge, all information provided in this application is accurate and complete. I understand that false, misleading, incomplete or omitted information could lead to the invalidation of my application.</p> <p>Signature: Date:</p>

➤ **Please submit the following along with this application form**

- Curriculum Vitae
- Passport Data Page Copy
- Passport size photo