Kulhudhuffushi Regional Hospital

Kulhudhuffushi City

Maldives

JOB APPLICATION FORM FOR EXPATRIATES

EMPLOYMENT INTEREST			
Position			
Grade		Basic Salary	

PERSONAL INFORMATION			
Name			
Gender	☐ Male ☐ Female	Age	
Marital Status		Date of Birth	DD MM YYYY
Passport Number		Passport Expiry	DD MM YYYY
Contact Number			
Email Address			
Present Address	Building Name		
	Apartment/Floor no.		
	Street		
	City/State		
	Country		
Permanent Address	Building Name		
	Apartment/Floor no.		
	Street		
	City/State		
	Country		

EMERGENCY CONTACT INFORMATION			
Name		Relationship	
Address		Contact Number	

EDUCATION				
Professional Qualification	Name of the Institution	Country	Course Duration	Graduate year

OTHER TRAININGS		
Training	Name of the Institution	Duration

INTERNSHIP			
Duration		Name of the Institution	Country
From DD MM YYYY	To DD MM YYYY		

REGISTRATION				
#	Course Name	Name of the Council	Registration Date	Registration Number
			DD MM YYYY	
			DD MM YYYY	

EMPLOYMENT HISTORY				
Organization	Position	Period		Duration
		From	To	
Total Experience				

REFERENCE	
Name	
Organization	
Designation	
Contact	
REFERENCE	
Name	
Organization	
Designation	
Contact	

BACKGROUND CHECK			
1. Have you worked in Maldives before?		☐ Yes	☐ No
If yes, please specify			
2. Do you have any past or pending criminal conviction?		☐ Yes	☐ No
If yes, please specify			
3. Are you taking treatment for any illness?		☐ Yes	☐ No
If yes, please specify			
4. Have you taken treatment for any illness for more than 2 months?		☐ Yes	☐ No
If yes, please specify			
5. Are you pregnant? Applicable for female		☐ Yes	☐ No
If yes, please specify			

DOCUMENTS CHECKLIST *(Please Tick in the box which are submitted)*		
1	Qualification Certificate	
2	Specialization certificate	
3	Transcript and Marksheets for both Qualification and Specialization	
4	Internship Certificate	
5	Basic Registration Certificate	
6	Specialist Registration Certificate	
7	Certificate of Good Standing (three months' gap should not be there from issued date to till now)	
8	Experience Letter(s)	
9	IELTS or secondary examination result & higher secondary Education	
10	Curriculum Vitae (CV)	
11	Passport Copy (Minimum 12 months' Validity)	
12	Colored scan passport size photo (not less than 200DP)	
13	Filled Pre-registration form	
14	Police Clearance Certificate (3 months Validity from the date issued)	

DECLARATION

I hereby declare that the above information stated is true. I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or may subject to termination of employment.

Applicant's Name: _____

Signature: _____

Date: _____

Local Agency Stamp, if applying through agency

TO BE FILLED BY KULHUDHUFFUSHI REGIONAL HOSPITAL	
Documents Submitted By	Documents Submitted By
Agency Name:	Name:
Agency Representor name:	Email:
Contact No.:	Contact No.:

Received By	
Name	
Designation	
Date	