



NATIONAL COLLEGE OF POLICING AND LAW ENFORCEMENT

Maldives Police Service

Iskandharu Building 01, 6th Floor, Ameenee Magu, Male'- 20271.

Republic of Maldives.

Tel: +9609800102; e-mail: ncple@police.gov.mv

Website: www.ncple.edu.mv

COURSE APPLICATION FORM

If you have previously enrolled at NCPLE, please state your student number and program;

Student ID

Program

Intake

SECTION 1: PERSONAL INFORMATION

All fields must be completed

Title First Name Middle Name Last Name

Nationality: National ID No./Passport No.:

Date of birth (DD/MM/YY) Gender: Male Female

Marital status Never married Married Divorced Widowed

Permanent Address Current Address

House Name/ Flat No House Name/ Flat No:

District District

Atoll/Island Atoll/Island

Country Country

Contact information

Mobile number: Email

Home phone number:

SECTION 2: PROGRAM

Program Name (Option 1)

Program Name (Option 2)

Intake JAN/FEB MAY/JUN AUG/SEP OTHER

SECTION 3: ACADEMIC INFORMATION

SECONDARY SCHOOL EDUCATION RESULTS (provide details of highest qualifications only)

(Please list SSC, GCE (OL), GCE (AL), HSC, IGCSE, etc. results with the year result were attained / if grade 10

and below, please provide information of subjects and grades)

A'Level O'Level Grade 10 and below

Subject Grade Year Subject Grade Year

POST-SECONDARY /TERTIARY EDUCATION (provide details of highest qualifications only)

MQA Level	Name of Program / Qualification	Institute/Awarding body	Year

PROFESSIONAL TRAINING(s)

Name of Program / Training	Institute/Awarding body	Year

SECTION 4: ENGLISH LANGUAGE PROFICIENCY

English qualification	Grade/Score
International English Language Testing System (IELTS) /Academic	
Test of English as a Foreign Language (TOEFL)	
Other (Specify)	

SECTION 5: PROFESSIONAL WORK EXPERIENCE (FOR ALTERNATIVE ENTRY)

Employer	Title	Start date	End date

SECTION 6: REFEREES

Name	Designation	Organization	Mobile	e-mail address

SECTION 7: EMERGENCY CONTACT/GUARDIAN

Name			National ID number	
Address	House Name/No			
	District/Street			
	Atoll/ Island			
	Country			
Contact Number		Email		
Relationship to applicant				

SECTION 8: SPONSORSHIP/ FUNDING INFORMATION (Provide detail of how you plan on funding your studies)

Funding Source:	<input type="checkbox"/>	Private Funding (Self-funded/family/other)	<input type="checkbox"/>	Sponsorship/ Scholarship
If sponsored	Name of sponsor			
	Address of sponsor		Contact Number	

All sponsored/scholarship applicants are required to submit a letter of sponsorship with the application form or before semester commencement

SECTION 9: HOW DID YOU HEAR ABOUT NCPL

<input type="checkbox"/>	Social Media	<input type="checkbox"/>	School	<input type="checkbox"/>	Family/Friends	<input type="checkbox"/>	Educational Fair/Expo
<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Website	Referred by			

SECTION 10: SPECIAL CONSIDERATION

Do you have a disability, medical condition or an illness that may affect your studies? If yes, please provide supporting documents	Yes	No

SECTION 11: DECLARATION

I confirm that the statements made by me on this form are correct. I understand that if any of the above statements prove to be incorrect the Institute reserves the right to withdraw any offer made or cancel any subsequent registration with the Institute. In addition, if admitted to the Institute, I will conform to Institute's regulations.

I also understand that I will be responsible to pay the Institute's tuition/training fees where applicable. I understand that if I fail to pay the tuition/training fees as specified, the Institute reserves the right to withdraw any offer made or cancel any subsequent registration, expel, or suspend me from the training program or not offer future training programs with the Institute. I also understand that the Institute may require me to undergo a medical fitness screen test to ascertain my medical fitness and that I agree to undergo such tests on my own will.

Applicant's Signature		Name		Date	
Signature of guardian (For applicants below 18 years of age)		Name		Date	

SECTION 12: DEPARTMENT / UNIT (for MPS Staff Only)

I confirm that I have no objection to releasing the above-mentioned staff for this program.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Rank & Name		Designation	
Remarks (Compulsory – Either in English or Dhivehi)						Signature	

APPLICATION CHECKLIST (Check if you have included all necessary documents to complete your application)

<input type="checkbox"/>	Completed all relevant parts of the application form
<input type="checkbox"/>	Attested copies of educational certificates and transcript. All overseas qualifications must be accredited by the Maldives Qualification Authority (MQA) or MQA assessment report specifying the level of the course must be submitted
<input type="checkbox"/>	School Leaving Certificate (alternative entry route applicants only)
<input type="checkbox"/>	Copy of the National Identification Card/ Passport
<input type="checkbox"/>	Copy of the Medical Records (if required)
<input type="checkbox"/>	Proof of English Language proficiency (if required by admission)
<input type="checkbox"/>	Affixed one passport size photograph to this application
<input type="checkbox"/>	Reference letter from the workplace or supporting evidence indication work experience (for alternative entry route applicants only)

Note: Placement in the course is not guaranteed by submitting this form

FOR OFFICIAL USE ONLY

Received by		Received Date	
Application Entered by		Application Entered Date	

ELIGIBILITY VERIFICATION (STUDENT SERVICE)

Eligibility Criteria:	<input type="checkbox"/>	General Entry	<input type="checkbox"/>	Alternative Entry
Status:	<input type="checkbox"/>	Accepted	<input type="checkbox"/>	Rejected
		Name	Designation	Signature
Approved by				
Offer letter Issued by				
Records Entered by				
Remarks				College Seal
Application Ref No				