

Male', Republic of Maldives.

Scholarship Application Form

You should submit the following items with this application form in sealed envelope.

- Attested original of all qualifications.
- 2. 3. Accredited original/copy of Bachelor's Degree certificate (if submitting a copy of the accredited certificate, the copy must be attested).

 Attested original of transcripts of Bachelor's Degree. (Full transcript) (if exemptions were given for any course module/modules please provide transcripts of the previous courses from which exemptions were given) if any.
- Curriculum Vitae (CV)
 01 pp size photo
 ID Card Copy

(WRITE CLI	EARLY IN BL	OCK LETTERS)					
1. Personal		·					
Name					Sex		
Permanent A (including Atol	I/Island)						
Current /				Tel		(recent PP	photo)
Date of Birth	(D/M/Y)			Age	years		
E-mail			ID No.				
Marital Status	☐ MARRIE	SINGLE ED□ DIVORCED	eir es				
2 Franksynaut							
2. Employment	D		Office		Tel		
D 1	Date Emp.	F	ost		Office		161
Present Employment							
First Empl. in Gov't							

3. Educational Qualification										
Tick (✓)all Qualification Attained										
	nahadha oloma	Saanaviyya	Degree Masters	PhD othe	D hers please specify:					
		T	ertiary & Higher	educatio	n					
Institute / Country		Attainment (Certificat	te/Diploma/Degi	ree receiv	/ed)		From	То	Funding Scheme	
Higher Education or training currently being undertaken										
Institute		Prog	Programme Level				Duration Funding Schem Date started/End			
4. Desired Course		'				,				
Course name					Le	vel				
Allocated Office					Co	ountr	ry of Study			
Advertisement / Notice re & date	f.				Sc	hem	ne			

5. Employment History												
Post & Office				om	To Field of			work				
6. Service Bond Records Nature of Bond		Bond		Data B	ogan	Data	of Bond	Status				
(studies / training course / paid leave)		Duration		Date B Service	_		pletion		s oleted / def	erred /	servina)	
	Duration Co.				-			(3/	
7. Other Applications to Scholarships	in 2021,	2022										
Course (including level)	Office			С	Country Fund			_			atus: (selected**	
							Scheme		Applied	d pending / rejector		
8. Parent / Guardian / Spouse				** App	olicant	will b	<u>e disqua</u>	lified i	<u>if informa</u>	tion is	withheld.	
Name & Address of Responsible	e Parent	OR [Gua	ardian	OR [Spous	se					
					_							
											Tel	
9. Applicant's Declaration												
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I certify the understand that false, misleading, incomple				-		-					•	
undertake to abide by the regulations of t									•		· ·	
black list me with the condition that I may i												
Education.	not got a	ny chance i	.0 .0.	oowo a g	0.0000000000000000000000000000000000000	111 00110	idionip ioi i	a oortan	i ponou by i	по Ворс	artinonic or ringinor	
Signature of the Applicant:							Date:					
Places submit the completed form with a	unnortin	a dooumon	ato i	n o ooolo	ad anyo	lono ad	ldragged t					
Please submit the completed form, with s	иррогип	ig documen	ns, n	ri a seale	ea envei	оре аа	aressea i	0.				
Attorney General' Office												
Velaanaage (6th Floor)												
Deadline for submission: 30 th March 2023												
Our Telephone number is: 3010100 / 3010	0101											
> Please double check if your application is complete. Are the following documents included?												
,			,									
Attested original of all qualifications stated	in parag	graph 3						Yes	☐ No [
Attested original of transcripts of Bachelor's Degree.								Yes	□ No [_		
										_		
Accredited Bachelor's Degree Certificate.								Yes	□ No [
Curriculum Vitae (CV)								Yes	☐ No [
01 pp size photo								Yes	☐ No [
ID card copy								Yes				
NOTE 1: You should enclose t	he appli	ication and	oth	er docui	ments in	a sea	led envelo	pe with	your Nam	1e,)	
Address and Applied Category	y & Cou	rse clearly	writ	ten on th	e enveld	ppe.					1	
NOTE 2: Please ensure you obta	in a rece	eipt on hand	dove	er of the o	documer	nts and	note the re	eference	e number o	n	[
the receipt.											J	