

Secretariat of the Faadhippolhu Atoll Council Naifaru, Republic of Maldives 01 غىدىمىر 2017 قى ئۇزىگە باھۇش ئۇزىگە ئائىرىمۇ ئىزۇش ئىقىمىردۇ ئامپىل باھۇش ئۇرۇمۇ ئۇشۇشۇنىڭ ئۇرىمىغات گۇد

Faadhippolhu Vinavi Scheme January 2017 Secretariat of Faadhippolhu Atoll Council

- Please fill the form clearly in BLOCK LETTERS.
- Please read carefully the regulations and procedure stipulate in the "Usoolu" for "Faadhippolhu Vinavi Scheme" before filling the application form.
- Candidates should submit documents required for verification of the information provided. If supporting documents are missing, points will not be awarded for the respective area.

Paste recent passport photo here

بره نور و برور و برور

1- Application category						Ticl	(√)
New student							
Current Student (ongoing)							
2- PERSONAL DETAILS							
Mr. Mrs.	Miss.	Date of Birth:		Sex:			
1121	1,1155,	Nationality:			Male		Female
Full Name as in ID:		ID No:		Mari	ital Statu	atus:	
					Single		Married
Present Address in full:		Home Tel:		Ema	il:		
Duration at this address: Mob							
Permanent Address in full:		- 1		1			
3- PROPOSED COURSE (F)	rom Skill Short	age List – Anne	x 3)				
Course Field: (Eg. Engineering) Course Level: (Eg. Bachelor's I				nelor's D	egree)		
Course Name: (Eg: Bachelor of science in electrical engineering) Duration:							
4- AVAILABILITY OF SPO	NSORSHIP						
Have you got an offer of sponsorship or a scholarship from the GOVERNMENT / Private Sector						Yes	No
or from any other sources to study for your proposed course? If yes, please give the details of the offer and the reason why you are seeking financial assistance under this scheme.					t the	2 00	1,3
you are se							

5- LOAN STATUS							
		loan at DEFAULT in the Bar or according to the schedule th				es	No
	EFAULT.						
	you have an outstanding scation?	student loan in the bank of M	Maldives or at the Depar	tment of Highe	r Y	es	No
	es, Please submit the evide syment slip, etc. can be sul	ence that the repayment is regulation britted as evidence.	larly made. Copies of the	Bank letters,			
	•						
6-	EMPLOYMENT STA	ATUS					
					v	es	No
	you employed at the mo	ment? thorizing your release for the c	ourse if you are selected			CS	110
II ye	es, please present letter au	thorizing your release for the c	ourse if you are selected.				
7-	SERVICE BOND						
		the government? If yes,			v	es	No
a.	Please write the name of	the course for which financial	assistance was granted.		1	CS	110
Prov	vide evidence of your serv	ice to the government / state at	fter completion of your sp	onsored course.	Letter		
fron	n the employer will be req	uired as evidence and should in	nclude the date of commer	ncement and the	date		
	ermination from the job. If n exempted from your serv	you have not served an existing vice bond	ng bond, please provide ev	ridence that you	have		
		the office that sponsored your	course for which you have	been bonded.			
	DETAILS OF YOUR						
Nan	ne:	Present Address:	Permane	nt address:			
You	ır Relationship:	ID NO:	Signature o	f Guarantor:			
	-	d to sign in the official agreem					
		ood tie to a member of the imm	-		-		
	No. 24 of the Faadhippo Scheme (Current Student	lhu Vinavi Scheme (New Stud	ent) Usool" and article No	o. 23 of the "Faa	dhippolhu	Vina	V1
	beneme (Current Student)	, 03001 .					
9-	EDUCATIONAL QU	ALIFICATIONS					
		icate all levels of education yo I copies of all qualification me		ng the highest le	vel and sub	mit	
# Categories					✓		
1	1 MNQF Level 9 (Maters)						
2							
	3 MNQF Level 6 (Advance Diploma)						
4							
-							
5							
6							
7 O/L and Foundation or Advance Certificate							
8 O/L or Equivalent							
Please provide the details of funding received for all the qualifications listed from 1 to 5 in the above list.							
ш	Course Name:	Funding type and details: (Choose from below)	Name of the sponsor: (Eg: Ministry of	Amount of	Dura		
#	(Eg: Diploma)	Eg: 3 Partial loan	Health)	sponsorship	Start Date	_	End Date
1							

Did you receive any other financial assistance addition to what you have mentioned above under 7?		
(Eg: Hunaru program) If Yes, Please specify.		
Are you doing a course at the moment?		
If Yes, Please give the date of commencement of the course.		

10- RI	ELATIVE'S DETAII	LS					
RELAT	TIVE NO. 1 who could j	provide information abo	•				
Name:		Relationship:	Home Address:	Workplace and Ad	dress:		
			Tel:	Tel:			
RELAT	TIVE NO. 2 who could p	provide information abo	out you				
Name:		Relationship: Home Address:		Workplace and Address:			
			Tel:	Tel:			
Please p	provide contact number	rs of family and close re	latives who can be contacted in	case of emergency	•		
1- Nam	ne:	Relat	Relationship:		Contact no:		
2- Nam	ne:	Relationship:		Contact no:			
3- Nam	ie:	Relati	ionship:	Contact no:			
Please o		olication is complete and submitted with the app	l the following documents are i	ncluded:			
	Completed application						
	Copy of National ID card of both candidate and financial guarantor.						
	No objection letter from the employer that you will be released to study as a full time student.						
	Official document as evidence of bond service. (applicable for candidates who have a service bond)						
	Attested original of all certificates stated in part 9						
	Validated original / copies of validated certificates (If submitting a copy of the validated certificate the copy must be an attested original)						
	Attested original of transcripts (Full transcripts) (If exemption were given for any course module / modules, please provide the transcripts of the previous courses from which exemption were given)						
	Document to provide that stated course is available at an institution of the stated country (online documents from websites are accepted)						
	Document to proof if you doing a course at the moment (online documents from websites are accepted)						
	All other supporting documents required to provide the validity of the information provided where necessary. (Please check each section thoroughly)						
If applying for Nursing / Other allied health professional courses. Submit relevant documents to prove your eligibility for the applying course from the Medical Council or Nursing Council or Maldives Board of Health Sciences.							
✓ Have you been nominated for a government scholarship or student loan right now? If yes please specify				Yes	No		
					1		

I certify that the information provided about me in this application is corrected and I enclose valid documents required to support my application. I understand that the provision of incomplete or false information may lead to my disqualification. If my application is accepted, I undertake to abide by the regulations stipulated in the "Faadhipolhu Vinavi Usoolu".				
Name:	Signature:	Date:		
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יילה בל הלא הלילה בל הלה בל הליל בל	י) א א פי פינט ב בארטטט ב פי הבן ב באבחמי התרעות בא הא	دِيْرُورُ وَرُورُ وَرُورُ مِنْ مِرْدُورُ مِنْ مُورُدُ وَرُورُورُ		
وَ مُرِ وِلْمُ الْمُعْرَفِدُ مُوْرَدُ مُوْرُدُو مِنْ الْمُوْرُو مِنْ الْمُعْرُو وَوْ	۵٪ مُرمُدُ مُرمَدُونُ شَرَدُونُ اللهِ عَلَمَ مُرمَدُونُ اللهِ مُرمَدُونُ مُرمَدُونُ مُرمَدُ مِنْ مُركِ	رُوِّدُهُ رُوْدُ وَرُوْدُهُ (رُدُونُ مُرَادُ مُرْدُونُ وَ رُمُونُ		
ر برور دستود ریز دستان کر و وددره	مرتجم المركز ومرو مردى	. המין הם הכיק בין הבין הביק בין הביק בין		
ין יין הרושה אל המשל להמצים בבין יין המשל להמשל המשל המשל המשל המשל המשל המש				

مرة 1: مرد برسور ووره و ورد و وردو و دورو و دورو و المردود و المرد

Note 2: please ensure you obtain a receipt on handover of the documents.

APPLICATION'S DECLARATION