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01 ސެޕްޓެމްބަރ 2018 ގެ ކުރިން ކިޔަވަން ފަށަން ބޭނުންވާ ނުވަތަ އެތާރީޚްގެ ކުރިން ކިޔަވަން ފަށާފައިވާ ފަރާތްތަކުން ފުރަންޖެހޭ ފޯމް

**Secretariat of the Faadhippolhu Atoll Council**

**Naifaru, Republic of Maldives**

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| **Faadhippolhu Vinavi Scheme May 2018**  **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 | | | | | | | | | | |
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| އިންޒާރު: ތިރީގައިވާ ބައިތައް ފުރުމުގައި އެއްވެސް އޮޅުވާލުމެއް ނުވަތަ ޙަޤީޤަތާ ޚިލާފު މަޢުލޫމާތެއް ދީފައިވާނަމަ، މިސްކީމުގެ ދަށުން އަނބުރާ ދައްކާގޮތަށް ދޫކުރެވޭ މާލީ އެހީ ލިބުނުކަމުގައި ވީނަމަވެސް އެހިސާބުން ލިބިފައިވާ އެހީގެ ފުރުޞަތު ބާޠިލްކުރެވޭނެއެވެ. އަދި އެހިސާބަށް ދޫކުރެވިފައިވާ އެހީގެ ފައިސާ އަނބުރާ ދައްކަންވާނެއެވެ. އަދި ކަނޑައެޅޭ ގޮތެއްގެ މަތިން އެފައިސާ ނުދައްކައިފިނަމަ ފައިސާ ހޯދުމަށްޓަކައި މައްސަލަ ޝަރީއަތަށް ފޮނުވޭނެއެވެ. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | 1. **Application category** | **Tick (🗸)** | | **New student** |  | | **Current Student (ongoing)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mr. | | |  | Mrs. | | |  | Miss. | | Date of Birth:  Nationality: | | | | | | Sex: | | | | | | | | | | | | | | |
|  | | Male | | | |  | | | Female | | | | | |
| Full Name as in ID: | | | | | | | | | | | ID No: | | | | | | Marital Status: | | | | | | | | | | | | | | |
|  | | Single | | | |  | | | Married | | | | | |
| Present Address in full:  Duration at this address: | | | | | | | | | | | Home Tel:  Mobile: | | | | | | Email: | | | | | | | | | | | | | | |
| Permanent Address in full: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **PROPOSED COURSE (From Skill Shortage List – Annex 3)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Field: (Eg. Engineering) | | | | | | | | | | | | | | Course Level: (Eg. Bachelor’s Degree) | | | | | | | | | | | | | | | | | |
| Course Name: (Eg: Bachelor of science in electrical engineering) | | | | | | | | | | | | | | Duration: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **AVAILABILITY OF SPONSORSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you got an offer of sponsorship or a scholarship from the GOVERNMENT / Private Sector 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.  ………………………………………………………………………………………………………………………………………………………………………………………………………………………..... | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | **No** | | |
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| 1. **LOAN STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have an outstanding loan at *DEFAULT* in the Bank of Maldives or Lhaviyani Atoll Fund?** If you are paying loan regularly or according to the schedule then your loan will **NOT** be considered as a loan at ***DEFAULT.*** | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** | |
|  | | | | | |  | |
| **Do you have an outstanding student loan in the Bank of Maldives or at the Department of Higher Education?**  **If yes,** Please submit the evidence that the repayment is regularly made. Copies of the Bank letters, repayment slip, etc. can be submitted as evidence. | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** | |
|  | | | | | |  | |
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| 1. **EMPLOYMENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you employed at the moment?**  If yes, please present letter authorizing your release for the course if you are selected. | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** | |
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| 1. **SERVICE BOND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a bond to serve the government? If yes,**   1. Please write the name of the course for which financial assistance was granted.   …………………………………………………………………………………………………………………..  Provide evidence of your service to the government / state after completion of your sponsored course. Letter from the employer will be required as evidence and should include the date of commencement and the date of termination from the job. If you have not served an existing bond, please provide evidence that you have been exempted from your service bond.   1. Please write the name of the office that sponsored your course for which you have been bonded.   ………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** | |
|  | | | | | |  | |
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| 1. **DETAILS OF YOUR GUARENTOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** …………………..….. **Present Address:** ………………………….. **Permanent address:** ………………………..  **Your Relationship:** ………………….…….. **ID NO:** ……………….…. **Signature of Guarantor:** ……………….……..   * Guarantor will be required to sign in the official agreement if your application is successful. * Guarantor must have a blood tie to a member of the immediate or extended family of the candidate as per the article No. 24 of the “Faadhippolhu Vinavi Scheme (New Student) Usool” and article No. 23 of the “Faadhippolhu Vinavi Scheme (Current Student) Usool”. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **EDUCATIONAL QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick the columns to indicate all levels of education you have completed including the highest level and submit attested originals of accredited copies of all qualification mentioned here. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **#** | | **Categories** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1 | | MNQF Level 9 (Masters) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 2 | | MNQF Level 7 or 8 (Degree) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 3 | | MNQF Level 6 (Advance Diploma) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 4 | | MNQF Level 5 (Diploma) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 5 | | Others (Please Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 6 | | A/L or Equivalent | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **#** | | **Course Name:**  **(Eg: Diploma)** | | | | **Funding type and details: (Choose from below)**  **Eg: 3 Partial loan** | | | | | | | **Name of the sponsor: (Eg: Ministry of Health)** | | **Amount of sponsorship** | | | | | **Duration** | | | | | | | | | | | |
| **Start Date** | | | | | | | **End Date** | | | | |
| 1 | |  | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | | | | |
| 2 | |  | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | | | | |
| 3 | |  | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | | | | |
| **Did you receive any other financial assistance addition to what you have mentioned above under 7? (Eg: Hunaru program)**  **If Yes,** Please specify.  ………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** |
|  | | | | | |  |
| **Are you doing a course at the moment?**  **If Yes,** Please give the date of commencement of the course.  ………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** |
|  | | | | | |  |
| **Current Semester (eg: Semester 2) ?**  **(Ongoing students only)**  ............................................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **RELATIVE’S DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RELATIVE NO. 1 who could provide information about you** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | Relationship: | | | | | Home Address:  Tel: | | | | Workplace and Address:  Tel: | | | | | | | | | | | | | | | |
| **RELATIVE NO. 2 who could provide information about you** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | Relationship: | | | | | Home Address:  Tel: | | | | Workplace and Address:  Tel: | | | | | | | | | | | | | | | |
| **Please provide contact numbers of family and close relatives who can be contacted in case of emergency.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name: 2. Name: 3. Name: | | | | | | | | | | Relationship:  Relationship:  Relationship: | | | | | | | | Contact no:  Contact no:  Contact no: | | | | | | | | | | | | | |
| **Please check whether your application is complete and the following documents are included:**   * **Main Document to be submitted with the application form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Completed application form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 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** |
|  | | | | | |  |
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| **APPLICATION’S DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: …………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **އަނބުރާ ދައްކާގޮތަށް ފައިސާގެ އެހީ ހޯދުމަށް އެދި ހުށަހަޅާ ފަރާތުގެ އިޤުރާރު** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| މިފޯމުގައި އަޅުގަނޑު ދީފައިވަނީ ޞައްޙަ ތެދު މަޢުލޫމާތެވެ. އަދި މިފޯރމްއާއެކު ހުށަހަޅަންޖެހޭ ހުރިހާ ޞައްޙަ ލިޔެކިޔުންތަކެއް ހުށަހަޅައިފައިވާނެއެވެ. މިފޯމުގައި ޙަޤީޤަތާ ޙިލާފު މަޢުލޫމާތު ހުރެއްޖެނަމަ ނުވަތަ ފުރަންޖެހޭ ބައިތައް ރަނގަޅަށް ނުފުރާ ހުރެއްޖެނަމަ، އަދި ލިޔެކިޔުންތައް ހަމައަށް ހުށައަޅާފައި ނުވާނަމަ ފޯމު ބާޠިލްވާނެކަން އަޅުގަނޑު ދެނަހުރީމެވެ. އަޅުގަނޑު މި އިޤުރާރުގައި ސޮއިކުރީ ވިނަވި ސްކީމުގެ އުޞޫލާއި އުޞޫލުގެ ހުރިހާ އެނެކްސްތަކާ އަދި މި ފޯމުގައިވާ ހުރިހާ ބައިތަކެއް ކިޔާ ދޭހަވެ، ބުއްދި ސަލާމަތުން ހުރެ އެއްވެސް މަޖުބޫރުކަމެއްނެތިއެވެ. މި ފޯމު ބަލައިގެން އަޅުގަނޑަށް އަނބުރާ ދައްކާގޮތަށް ދޫކުރެވޭ އެހީގެ ފައިސާ ލިބޭގޮތް ވެއްޖެނަމަ އެހީގެ ބޭނުންހިފުމުގައި ފާދިއްޕޮޅު ވިނަވި ސްކީމުގެ އެންމެހާ އުޞޫލުތަކާއި ޤަވާޢިދުތަކާއި އެއްގޮތަށް ޢަމްލުކުރުމަށް އެއްބަސްވަމެވެ.  ނަން: ................................................................................. ސޮއި: .................................. ތާރީޚް: .................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ނޯޓް 1: އިނގިރޭސިބަހާއި ދިވެހިބަހާ ދެބަހުން ލިޔެފައިވާ އިޤުރާރުގައިވެސް ސޮއިކުރަންވާނެއެވެ.

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