



SECRETARIAT OF FAADHIPOLHU ATOLL COUNCIL,

LH. Naifaru,

Rep of Maldives

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INFRASTRUCTURE AND ECONOMIC DEVELOPMENT

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Faadhipolhu Vinavi Scheme Payment Request Form

Please fill the form clearly in BLOCK LETTERS

1. PERSONAL DETAILS			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Date of Birth:	Sex	
	Nationality:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name:	ID No:	Mobile:	
Current Address:	Email Address:		
Permanent Address:			

2. COURSE DETAILS	
Institution Name:	Course Level:
Course Name:	Student ID:
Upcoming Semester:	
Result of Last Semester (attach transcript): Note: If you do not at this time possess the semester results, please leave result column blank.	

3. APPLICANT SIGNATURE	
Name:	Sign
I have personally completed the application, addressed all requirements fully and completely and that to the best of my knowledge the information provided in this application is true. I understand that the information provided may be verified upon request.	

4. TO BE FILLED BY COLLEGE / UNIVERSITY	
On behalf of the college/university stated above, I confirm that the applicant has enrolled for the upcoming semester at this establishment.	Stamp & Sign
Enrolled Semester	
Date of Enrollment:	