Maldives Media Institute

Public Service Media

				A	APPLIC	ATIO	N F	ORM						
													-	
Course Name														
intake														
Name of C	andidate													
ID card No	:				Gender	()	Mal	e () Fem	ale				
Date of Bir	th		Date	Month	Year								Age	
Contact Ir	nformati	on												
		Address:												
Current Ad	dress	TEL:			Mobile (Cell Phone):									
		FAX:						E-mail:			olts date) Grade			
Permanent	Permanent		ddress:											
Address		TEL:		Mobile (Cell Phone):										
		FAX:						E-mail:						
		Name												
Contact person in emergency		Relationship to you:												
		Address:												
		TEL:						Mobile (Cell Phone):						
Fd., satio	FAX:			: 					E-mail:					
SECONDA			DUCATIO)N										
					ist SSC, GCE	O'Level	, GCE	A'Level, HSC, IGC	SE w	ith resu	ults date)			
Year	Examir	nation	/ Qualifica	ation	Institu	ite/Aw	ardir	ng body	Subj	ects		Grade		
Higher Ed	ducation	1				ı		City/	I				To	
Degre	Degree obtained		Institution			Country		City/				Mont		
Career Re	ecord													
	Period													
Organization					To Month/Year		Position or Title		Brief Job		b Desc	Description		
				Month/Ye		,								

Maldives Media Institute Public Service Media Expectation on the applied training and dialogue program Personal Goal: Describe what you intend to achieve Declaration (to be signed by the Nominee) (required) By signing the application form, I acknowledge and agree to the following: I hereby agree to pay all fees for the applied course on behalf of the applicant(if applicable) I have read, understood and accept the Terms and Conditions for Enrolment and the Student Rules of MMI I declare that all the information I have given in this application is true, correct and complete I understand that MMI reserves the right to reverse any decision made on the basis of incorrect, incomplete, false or misleading which I or my sponsor may have provided If I am sponsored by an organisation, I have no objections for the College to provide my information to my sponsor and government authorities including my results, progress reports and enrolment details. Date: Signature: Name of the Student: Date: Signature: Name of the guardian: **CHECK LIST** Signed the student declaration Accredited copies of Academic certificates & transcripts

FOR OFFICE USE ONLY			
Received by:	Received Date:		
Eligibility checked by:	Application Entered Date:		
Approved by:	Offer Letter Issued Date:		
Offer Letter Issued by:		Accepted	
Remarks:	Application Status:	Rejected	
Follow up required:		Conditional Offer	

Copy of ID Card / Passport

1 Passport size photo

Work experience letter (if required)

Letter of sponsorship (if sponsored)

T: +960 300 0300 | F: +960 331 7273 | E: info@psm.mv