

Department of Higher Education Ministry of Education Male', Republic of Maldives

(IUL)166-schol/166/2014/78

Staff Development-Min of Education

Scholarship Application Form

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

- Attested originals of all qualifications stated in paragraph 3 (you may attest your copies of qualifications from a government office where you work OR from Department of Public Examination)
- Curriculum Vitae (CV)
- Attested originals of transcripts of Bachelors Degree (Full transcript)
- Accredited Bachelors Degree certificate (if submitting a copy of the accredited certificate, the copy must be attested)
- A release letter from the employer
- A formal letter which states the duration of work in Maldives after Bachelor's Degree 6.
- Your letter of consent to work in the course allocated department/Division after completion of the program

(WRITE CLEARL	Y IN BLOCK	LETTERS)										
1. Personal	22001.											
Name								Sex 🗆				
Permanent	Address							Sex	-			
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Marital Status	U WARRIE	יאטעוט ב	CED	Crilidren		ages						
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			Higher ed	lucation or train	ning current	tly being i	undertak	en				
Institute			Programme				Level		ration			
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4 Desired Cours	_											
4. Desired Cours	e											
Course Name							Level		Master	Masters		
							Country	of Study				
Advertisement / Notice ref. (IUL)166			-schol/166/2014/78 (22 nd May 2014))	Staff D	Staff Development-Min of		

& date

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5. Employme	-													
Post & Office	•			From	To Field			Field of w	of work					
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6. Service Bond Records														
Nature of Bo		e Begar			of Bond	Status								
(studies / tra	ining course / paid leave)		Duration	Ser	vice	ice Com		pletion (comp		pleted / deferred / serving)				
7. Other Applications to Scholarships in 2 Course (including level)			2013, 2014 Office			Country			Funding Date Status: (selected					
,	-							Scheme		Applied	pendin			
		*	** Applicant will be disqualified if i						f information is withheld.					
8. Parent / Guardian / Spouse Name & Address of □ Responsible Parent OR□ Guardian OR□ Spouse														
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Signature of the	he Applicant:								Date:					
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Scholarships														
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Deadline for	submission: 15 th June 201	4												
Our Telephoi	ne number is: 3341387													
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	Please double check if your a	• •	•			•				"4! 5		<i>.</i>	*	
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3.	Attested originals of transcripts of Bachelors Degree (Full transcript)Yes No													
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Cate	egory and Course clearly writ	ten on ti	he envelope											
<u>NOT</u>	<u>'E 2</u> : Please ensure you obtair	a cand	lidate numbe	er slip upo	n the ha	ndover	r of the	e documei	nts.					
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