

Course Application

Name of Course

Details of Applicant

1. Personal details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Other Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	National ID Card / Immigration ID Card Number	

2. Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Mobile	Email Address

3. Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
House Name / Building Name	Level	Apartment Number
<input type="text"/>	<input type="text"/>	
Street	Atoll / City	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Island / District	Postcode	Country

4. Academic qualification

Details of the highest, relevant academic qualification that you have obtained.

<input type="text"/>	
Qualification	
<input type="text"/>	<input type="text"/>
Education Institution	Awarding Institution

5. Professional qualification

Details of the highest, relevant professional qualification that you have obtained.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification	Year of Qualification	Membership Status

Document Checklist

You are required to submit these documents together with this application.

- Copy of National ID Card or Immigration ID Card of the applicant
- Accredited certificates of the academic qualifications obtained
- Attested certificates of the professional qualifications obtained

Declaration

I declare that the information given on this form is true and correct and I understand that providing false or misleading information could result in MTA cancelling my application.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Other Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	Date		Signature

For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Entered By	Number