



**Application Form for Qualification Assessment**

(PLEASE FILL A SEPARATE APPLICATION FORM FOR EACH CERTIFICATE TO BE ASSESSED)

**Applicant's Information:**

Full Name: .....  
 Permanent Address: .....  
 Current Address: .....  
 National ID number : ..... Date of Birth: .....  
 Contact No(s): ..... Mobile: ..... E-mail: .....

**Details of the Certificate :**

Name of the Certificate : .....  
 Entry Criteria: .....

**Certificate level: (put a tick  where appropriate)**

Level 1	<input type="checkbox"/> Certificate 1	Level 7	<input type="checkbox"/> Bachelor's Degree
Level 2	<input type="checkbox"/> Certificate 2		<input type="checkbox"/> Professional Certificate
Level 3	<input type="checkbox"/> Certificate 3		<input type="checkbox"/> Professional Diploma
Level 4	<input type="checkbox"/> Certificate 4	Level 8	<input type="checkbox"/> Bachelor's Degree with Honours (4 years and 480 Credits)
	<input type="checkbox"/> Advanced Certificate		<input type="checkbox"/> Graduate / Postgraduate Diploma
Level 5	<input type="checkbox"/> Diploma		<input type="checkbox"/> Graduate / Postgraduate Certificate
Level 6	<input type="checkbox"/> Associate Degree	Level 9	<input type="checkbox"/> Master's Degree
	<input type="checkbox"/> Professional Certificate		<input type="checkbox"/> Advanced Professional Diploma
	<input type="checkbox"/> Advanced Diploma		<input type="checkbox"/> Advanced Professional Certificate
Level 10	<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Higher Professional Certificate	<input type="checkbox"/> Higher Professional Diploma

Awarding Institute: ..... Country: .....  
 Institute attended : ..... Country: .....  
 Duration Studied: ..... Date Started: ..... Date Finished : .....  
 Purpose of Application : .....  
 Ownership of the Institution attended:  Government:  Private  Government & Private

**Delivery and Teaching:**  Full - Time  Part - Time (Duration: ..... )  Block Mode

**Modality:**  Face - to - Face  Distance / Online

Number of hours studied per week : .....

**If a Distance Education Programme:**

Programme structure and the type of Institutional support: .....  
 The method of assessments and examinations: .....  
 Exam supervision body: .....  
 Examination Venue: .....

**Previous Post Secondary/Higher Education Qualifications Attained:**

Name of the Certificate	Studied at (University / college / Institute)	Date Started	Date Finished
1. ....	.....	.....	.....
2. ....	.....	.....	.....

**Note: Please submit originals and copies of the certificates mentioned here.**

**Employment History:**

Current job: ..... Employer: ..... Date started: .....

Previous posts	Employer	From	To
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....

**Check list - Documents to be submitted: (put a tick  where appropriate)**

- Original & copy of completion letter of the programme submitted for assessment
- Original & copy of transcript / mark sheet (including semester break down)
- Original & copy of the certificate / provisional certificate submitted for assessment (if applicable)
- Translation of the certificate, if it is in a language other than English or Dhivehi
- Originals and copies of previous qualifications prior to the certificate submitted (if validated, submit copies of validated certificates)
- Originals and copies of Lower Secondary Certificates, Higher Secondary Certificates and School leaving certificates (not required if validated copies are submitted for the above)
- If the concerned qualification is Certificate 4 or above and the entry is alternative, submit work experience letters stating duration and responsibilities for each job title
- If the qualification is obtained through distance education, details of examination & assessment arrangement
- If the qualification is obtained in a foreign country, the passport and a copy of the passport pages showing student visa and travel information
- Copy of National Identity Card

**\* The original documents will be verified and returned at the time of submission.**

**NOTE: Please ensure all documents are submitted. Applicant will be informed if additional documents are required for the evaluation process.**

**Declaration:**

I declare that all the information given in this application form is accurate and all the mentioned documents are submitted. I also declare that the certificate I submitted is a genuine certificate I obtained and not forged. I agree to take the full responsibility of all the implications resulting if I submit any forged certificate.

Name: ..... Sign: ..... Date: .....

**For Office Use Only:**

**Form received by:**

Name: ..... Sign: ..... Date: .....

**Assessment Fee:**

Assessment Report for a MQA validated qualification: MVR 50.00

Assessment Report for a qualification which has not been validated by MQA: MVR 100.00

**PLEASE SUBMIT THIS FORM ALONG WITH ALL REQUIRED DOCUMENTS TO MQA BETWEEN 8:15 AM AND 12:00 PM ON WORKING DAYS**