



Application Form for Second Copy of a Validated Qualification

Applicant's Information:

Full Name:
 Permanent Address:
 Current Address:
 Work Permit No: / National ID number:
 Contact No(s): Mobile: E-mail:

Details of the Certificate Submitted for a Second copy

Name of the Certificate :
 No. Of copies needed to stamp:
 Date OR Year of the last validation:

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 (4years and 480 Credits)
Level 5	<input type="checkbox"/> Diploma		<input type="checkbox"/> Graduate / Postgraduate Diploma
Level 6	<input type="checkbox"/> Associate Degree	Level 9	<input type="checkbox"/> Graduate / Postgraduate Certificate
	<input type="checkbox"/> Foundation Degree		<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

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

- Copy of the certificate submitted for validation / recognition
 The original Certificate or a copy of the validated certificate
 Copy of National Identity Card / Work Visa Card

* The original documents will be verified and handed over at the time of submission of form or at the time of response collection.

Please ensure all the required documents are submitted for speedy processing

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: Date: Sign:

Validation Fee:

Each additional copy: MVR 50.00

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