



Required information before commencing the course

Institute Name:

Institute Reference Number:

Programme Details:

Name of the Programme:

MNQF level: Duration: Batch Number:

Commencing Date: Modality:

Entry Criteria:

Campus Details:

Name of the Campus: Contact:

Address: Atoll: Island:

Course Coordinator:

Name: Contact:

Highest Qualification:

Lecturer(s) Details:

#	Name	Contact No.:	Full -Time	Part -Time	Highest Qualifications	Module (s)
1						

(Attach lecturers Details list as shown above)

Student(s) Details:

#	Name	Permanent Address	National ID Card No.	Student Registration No.
1				

(Attach Students Details list as shown above)

I declare that all information provided in this form and the document is true and accurate.

Prepared by:

Name: Sign:

Designation: Date:

Course Coordinator of this batch:

Name: Sign:

Designation: Date:

HEI's
Official
Stamp