Application Form for Qualification Assessment (Please fill a separate application form for each certificate to be validated)

1. Applicant's Information								
Permanent Address: Current Address:		ID Card No:						
2. Details of the Qualification								
Institute Attended: Awarding Institute: Duration Studied: Date	Started:/	Country: Country: Date Finished:						
Ownership of the Institutions attended	Mode of Study	Delivery Modality						
Government Private Government and Private	Full-Time Part-Time (Duration:) Note: Ideally the duration of a part-time study is double the duration of full-time	Face - to - Face Distance E-Learning (type:)						
Total Credits: No. of credits studied at the institute: No. of credit exempted: The qualification(s) which were considered: (Please provide evidence of exempted details) (1) Qualification Name: No. of credits exempted for this qualification: No. of credits exempted for this qualification:								
3. Certificate Level: (put a tick where appropriate.)								
Level 1	Profes Profes Bache Level 8 Gradu Gradu Advas	elor's Degree ssional Certificate ssional Diploma elor's Degree with Honours (480 Credits) nate / Postgraduate Diploma nate / Postgraduate Certificate er's Degree nced Professional Diploma nced Professional Certificate rtificate Higher Professional Diploma						
4. If a Distance /Online Education Programme								
Programme structure and the type of Institutional support: The method of Assessment and Examinations: Exam Supervision body: Examination Venue:								

5. Lower Secondary Education obtained								
Name of the Certificate	School attended	Lo	Location			Date Obtained		
1		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					
2			• • • • • • • • • • • •					
		••••••						
6. Higher Secondary Education obtained Name of the Certificate School attended Location Date Obtained								
1			Location			Date Obtained		
2								
3								
7. Tertiary and Higher Education Qualifications obtained								
Title of the Qualification	Attended University	Attended University /College /Institute			Date Starte	Date d Finished		
1	1100011000			Starte	T IIIIsiicu			
2								
3		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •					
8. Employment History								
Current Job:	Employer: Date Started:/							
Previous Posts	Emp	Employer		Fron	n	To		
1				• • • • • • • • • • • • • • • • • • • •				
2				• • • • • • • • • • • • • • • • • • • •				
3			• • • • • • • • • • • • •					
Original and copy of completion letter of the programme submitted for assessment. Original and copy of transcript / mark sheet (including semester break down). Original and copy of certificate submitted for assessment (if applicable). Translation of the certificate, if it is in a language other then English or Dhivehi. Original and copies of previous qualifications prior to the certificate submitted (if validated, submit copies of validated certificates). Original 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 are responsibilities for each job title. If the qualification is obtained through distance /online education, details of examination and assessment arrangement. If the qualification is obtained in a foreign country, the passport and a copy of the passport (bio page & visa pages) Copy of National Identity Card.								
- The Original Documents will be verified and returned at the time of submission.								
10. 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 as supporting documents are genuine certificates I obtained and not forged. I agree to take the full responsibility of all the implications resulting if I submit any forged certificate.								
Name: Date:								
11. FOR MQA USE ONLY: 12. If submitted from a council in atolls								
Form received by: Name of the staff:								
Date://		Date://			• • • • • • • • • • • • • • • • • • • •	Stamp:		
PLEASE SUBMIT THIS FORM ALONG WITH ALL REQUIRED DOCUMENTS TO MQA BETWEEN 8:15 AM AND 12:00PM ON WORKING DAYS								
FEE								
Assessment Report for a MQA validated qualification: MVR 50.00 Assessment Report for a MQA validated qualification which has not been validated by MQA: MVR 100.00								