



FORM NUMBER

Please submit completed application form, with relevant supporting documents addressed to:		*				
Maldives Marketing & PR Corporation / 2nd Floor / H.Zo Boduthakurufaanu Magu / Male' / 20057 / Republic of I	naria / Maldives					
Job Details:						
Application Position:						
Announcement REF:						
Applicant's Details:						
Full Name:						
ID Number:	Date of Birth:					
Age:	Gender:					
Current Address:						
Permanent Address:						
Contact Number:	Email Address:					
Documents to submit (check if the following d	ocuments have been in	cluded):				
Education Certificates (Accredited and Atteste	d Copies)					
<ul><li>Curriculum Vitae (CV)</li><li>Copy of National ID Card (Attested Copy)</li></ul>						
Job Reference Letters (Previous Employment)						
<ul><li>Police Report</li></ul>						
I declare that all information provided in this application is accurate and complete. I understand that false, misleading, incomplete or omitted information could lead to the invalidation of my application.						
Name:	Date:	Signature:				
★ Office Use Only						
Application Received Date:	Application Received By:					



























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## **Educational Qualification:**

G.C.E Ordinary Level and S.S.C Results			G.C.E Advanced Level and H.S.C Results					
Subject	Grade	Year	Subject		Grade	Year		
	Highe	er Educatio	nal Qualit	fication				
Dио сиот	Higher Educational Qualification							
Program	Level	From	То	Institute / Country	/			
Additional Training								
Program	Duration	Year	Institute / Country					

## **Emloyment History:**

Employment History				
Designation	From	То	Office	

please use a copy of this page to list more +





















