



Maldives Nursing and Midwifery Council

Male', Republic of Maldives

Application for Good Standing Certificate / Registration Verification

Notice:

Please use BLOCK letters in filling this application form

The payment for issue of a good standing certificate / registration verification is MVR 500/-.

The completed application form should be forwarded to the council

Receipt No:

Good Standing Certificate Registration Verification

Name:

Date of Birth: ID Card / Passport No:

Nationality: Contact Tel No : Sex: F M

Registration Number : Registration Date :

Permanent Address:

Current Employment:

If required to send the certificate directly from the Council by mail/post to abroad, give full details of mailing/postal address

* Please make the necessary arrangements

Organization Name:	
Property Number, Street Name:	
City, Town:	Phone Number:
Postal Code:	Fax Number:
Country Name:	Email Address:

Signature by Applicant:

Date : *day/month/year*

Declaration by Employer

If any disciplinary action has been taken or is pending against the

No Yes, specify

Name:

Signature:

Official Stamp

Date : *day/month/year*