SHAFI'A INSTITUTE OF HEALTH, ADK HOSPITAL

APPLICATION FORM FOR ADMISSION

SHAFI'A INSTITUTE OF HEALTH
ADK HOSPITAL

ADK Hospital
caring about you, when you need it most!

Please make sure that all the required fields are completed and all supporting documents are attached and mailed to sih@adkhospital.com or sent to the address provided on the last page of the form.

1. COURSE

Title of the course:

2. PERSONAL DETAILS

Title: Mr ☐ Miss ☐ Mrs ☐ Ms ☐

Forename/s (as per NID/Passport):

Surname/Family name (as per NID/Passport):

Date of birth: D D / M M / Y Y Y Y Passport/NID No.

Gender: Male ☐ Female ☐

Nationality:

PRESENT ADDRESS

House name:

Street:

Atoll & Island Country:

PERMANENT ADDRESS

House name:

Street:

Atoll & Island Country:

Correspondence address *(please note this is the address to which the Shafi'a Institute of Health will send all correspondence)*

Mobile/Phone No.:

Email:

MEDICAL AND PERSONAL HISTORY

Do you have a disability, impairment or long-term medical condition that may affect your studies?

Yes ☐ No ☐ If yes, please specify

Do you need support due to a special needs requirement, physical or mental?

Yes ☐ No ☐ If yes, please specify

SIGNIFICANT MEDICAL INFORMATION

Please mention any significant illness, ongoing medical treatment or allergy that would be of importance in a medical or surgical emergency.

EMERGENCY CONTACT DETAILS

Name of the contact person:

Mobile no.: Relationship:

FOR NON MALDIVIAN STUDENTS ONLY

Country of birth: Country of citizenship:

Visa category: Visa expiry date:

3. HIGHER EDUCATION COMPLETED

(examinations for which results are known including those failed)

Course	Institution	Start Date	End Date

4. QUALIFICATION PENDING

(examination to be completed or result pending)

Year started: Year completed:

Type of qualification:

Name of institution:

5. ENGLISH LANGUAGE QUALIFICATIONS

Name of Test	Score	Date Obtained

6. REGISTRATION & EMPLOYMENT DETAILS

MNMC registration no.: Expiry date:

MNMC liscence no.: Expiry date:

CURRENT JOB

Job title: Start date:

Organization:

PREVIOUS JOBS HELD

Organization	Post	Start Date	End Date	Reason for Leaving

7. FINANCE

How will your course be financed? *((If sponsored, the sponsor should fill in the details and a letter from the sponsor confirming the sponsorship should be provided.)*

Self ☐ Organization / Government sponsored

8. REFEREES *(for undergraduate and postgraduate courses, please fill in the reference form and submit along with application form)*

Give details of two referees who can give information about your studies, discipline or work.

Name	Mobile No	Email

9. OTHERS

Where did you learn about ADK Shafi'a Institute of Health and it's programmes?

Advertisement (please state newspaper/journal):

College/Institution ☐ Personal recommendation ☐ Exhibition / Career fair ☐

Social Media (Please specify):

PLEASE CHECK THAT YOUR APPLICATION IS COMPLETE AND THAT YOU HAVE ENCLOSED ALL THE RELEVANT DOCUMENTS

☐	Transcript of previous studies
☐	Attested certificates
☐	English language qualification certificate
☐	MNMC license copy
☐	MNMC registration copy
☐	No objection letter from employer
☐	Letter from sponsor (for required courses only)
☐	Copy of NID/Passport
☐	Police record
☐	Application fee (MVR 100/-) (Please transfer to "7730000418320 - SHAFI A INSTITUTE OF HEALTH" & attach the slip when applying)

STUDENT DECLARATION

I certify that the information provided in this form is correct and complete.

Signature Date

When completed please mail or submit the form to:
ADK Hospital - Adminstrative Office, Sosun Magu, Tel: +960 3300111, Email: sih@adkhospital.com

OFFICIAL USE ONLY

	Name	Date	Time	Signature
Received by				
Data entered by				
Data verified by				

DECISION

Decision taken by	Designation	Decision	Batch No	Student ID	Date & Signature