



TECHNICAL & VOCATIONAL EDUCATION & TRAINING
 Ministry of Human Resources, Youth & Sports
 Male', Maldives

TRAINEE INFORMATION

Personal Information

Name (As in ID card):

ID Card:

Gender : Male Female

Present Address:

Date of Birth: / /
 DD | MM | YY

Contact No:

Street | Atoll | Island

Home:

Work:

Permanent Address:

Mobile:

Email: _____

Street | Atoll | Island

Qualification

Qualification: 1.

Institution: 1.

2.

2.

3.

3.

4.

4.

Training

Course: _____

Training Provider: _____

Sponsor [if any]: _____

Batch: _____

Start Date: / /
 DD | MM | YY

End Date: / /
 DD | MM | YY

Date: _____