



# Application for Admission

For office use only (To be filled by the staff) **ފޮރިމް ބޭނުންކުރާ ފޯމް (ސޯފްޓް ފުރިހަމަކުރަންޖެހޭ)**

Received By:	1st Decision:	2nd Decision:	Note:
Name:	Choice 1.	Choice 1.	
Date:	Choice 2.	Choice 2.	
Time:	Choice 3.	Choice 3.	
Sign:	Student ID:		

## Your personal details

**މިއަހަރުގެ ނިންމުމަށް ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންކުރާ ފޯމް**

First name:

Middle name (as in national ID card):

Last name(s):

Date of birth (DAY/MONTH/YEAR):

Gender: Male  / Female

Marital status: Never married  / Married  / Divorced  / Widowed

National identity card number:

CDC number (if Maritime Student):

## Address details

**އިރުގެ ބައި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންކުރާ ފޯމް**

Permanent Address	Present Address
House name & ward: <input type="text"/>	<input type="text"/>
Street: <input type="text"/>	<input type="text"/>
Island & Atoll: <input type="text"/>	<input type="text"/>
Phone number(s): <input type="text"/>	<input type="text"/>
Preferred phone: <input type="text"/>	<input type="text"/>
E-mail address: <input type="text"/>	<input type="text"/>
Correspondence full address: <input type="text"/>	<input type="text"/>

## About the course

**މިއަހަރުގެ ނިންމުމަށް ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންކުރާ ފޯމް**

Are you seeking admission for Term 1 or Term 2? Term:  Year:

Term 1 starts in January/February, Term 2 starts in June/July

**މިއަހަރުގެ ނިންމުމަށް ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންކުރާ ފޯމް**

Course Name	Curriculum	Faculty/Centre	Island in which classes to be held	Mode	Morning/Evening
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mode is one of the following: BLOCK, FULL TIME, PART TIME or DISTANCE

Email to which correspondence should be sent:

Result of application will be given by email only

Education

مدرستون

Schools attended

مدرستون

Name of the School دکھریاں دے سکول	Date Entered میں داخلہ	Date Left میں چھوڑا	Last Grade میں پڑھا

Secondary school education results

مدرستون

Please list SSC, GCE (OL), GCE (AL), HSC, IGCSE, etc. results with the date result was attained

مدرستون

Exam Name مدرستون	Subject دکھریاں	Grade درجہ	Date تاریخ	Exam Name مدرستون	Subject دکھریاں	Grade درجہ	Date تاریخ

Post-secondary education

مدرستون

Institution/Examining body دکھریاں	Detail of qualification or training مدرستون	Start date میں داخلہ	End date میں چھوڑا	GPA درجہ



**Referees**

**تعمیراتی و تعلیمی سائنسوں کے لیے**

Give names and phone number of two referees who can give information about your studies or work. Please obtain permission from the referees before you write their names.

تعمیراتی و تعلیمی سائنسوں کے لیے دو ایسے افراد کے نام اور فون نمبر لکھیں جن سے آپ کی تعلیم یا کام کے بارے میں معلومات حاصل کی جاسکتی ہیں۔ لکھنے سے پہلے ان سے اجازت حاصل کر لیں۔

Phone	Name & contact address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Second person to receive refunds**

**فیس واپس لینے کے لیے دوسرا شخص**

Please provide the information of a second person in case fees are to be refunded.

فیس واپس لینے کے لیے دوسرے شخص کی معلومات فراہم کریں۔

Full Name	<input type="text"/>
Address	<input type="text"/>
Contact no(s).	<input type="text"/>

**Declaration**

**ادعا**

- I declare that all the information given in this application form and the attached documents are accurate and complete.
- I am aware that if, after enrolment, the information provided is found to be inaccurate then my enrolment will be terminated.
- I understand that the University may seek information about me from my school or others.
- I admitted I agree to conform to the rules and regulations of the University.
- I agree to pay the course fee.

Date:  Applicant's signature:

**Parents'/Guardians' Signature** (only if you are under 18 years old)

**والدین/حفاظ کی دستخط** (18 سال سے کم عمر کے لیے)

I have delegated any authority I have as parent / guardian of the applicant on all matters relating to MNU to the applicant.

میں نے اپنی تمام مقررہ اختیارات والدین/حفاظ کے طور پر اپنی تعلیمی سائنسوں کے متعلق مقررہ شخص کو تفویض کر دیے ہیں۔

Name & Address	<input type="text"/>	Signature	<input type="text"/>
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**Please Check**

**تعمیراتی و تعلیمی سائنسوں کے لیے**

- You have filled in all necessary details
- You are submitting attested/verified photocopies of your certificates
- You are submitting other required documents
- You are submitting the form before the due date

Placement in the course is **not** guaranteed by submission of this form.

تعمیراتی و تعلیمی سائنسوں کے لیے اس فارم کی پیشکش سے کورس میں جگہ کی ضمانت نہیں دی جاتی۔

**فیس واپس لینے کے لیے**

- I declare that all the information given in this application form and the attached documents are accurate and complete.
- I am aware that if, after enrolment, the information provided is found to be inaccurate then my enrolment will be terminated.
- I understand that the University may seek information about me from my school or others.