



The Maldives National University

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
މިއަހަރުގެ ޖުމްހޫރިއްޔާ ދުވަހުގެ ދަށުން
ފޯމް: 3345155 ފޯން: 3315411

Application for Replacement Certificate

ސަރުކާރުގެ ސިޓީ ޖެހުމަށް ފަހު ފޮނުވާ ފޯމް

About the Certificate

ސަރުކާރުގެ ސިޓީ

Form with fields: Title of Course, Name of the certificate, Certificate No. (If known), Year on the Certificate, Home Faculty (checkboxes for FHTS, FHS, FMC, FSL, FE, FET, CMS, COL), Circumstances of loss or damage.

Your personal details

ލަނޑު ފުރިހަމަކުރުމަށް ފަހު ފޮނުވާ ފޯމް

Form with fields: Full name in Arabic/Thaana, Full name in Latin script, Student Number (If known), Date of Birth (DAY/MONTH/YEAR), Maldivian Identity Card Number, Parent/Guardian Name & Phone, Address & Relationship, If not Maldivian, your nationality.

Address details

އަދި ލަނޑު ފުރިހަމަކުރުމަށް ފަހު ފޮނުވާ ފޯމް

Form with columns: Permanent Address, Present Address. Fields include House Name, Street, Ward, Atoll and Island, Phone/E-mail.

Form with fields for signature and stamp, including a checkbox for 'މިއަހަރުގެ ޖުމްހޫރިއްޔާ ދުވަހުގެ ދަށުން'.