



APPLICATION FORM FOR ADMISSION

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

1. Course

Title of the course

Proposed date of admission

2. Personal details

Title: Mr ☐ Miss ☐ Mrs ☐ Ms ☐

Forename/s (as per NRIC/passport)

Surname/family name (as per NRIC/passport)

Date of birth Passport/NIC No

Gender Male ☐ Female ☐ Marital Status Married ☐ Single ☐

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 School of Health Sciences will send all correspondence)

Mobile phone no E-mail address

2.1 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.

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No

1

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2.2 Emergency Contact Detail

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Relationship

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For Non Maldivian Students Only

Country of birth

Country of citizenship

Visa category

Visa expiry date

Country of citizenship

[illegible]

Visa expiry date	
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3. Secondary School Education

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Date left Last grade attended

Subjects studied and results

[illegible]

4. Highest qualification completed (examinations for which results are known including those failed)

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Year completed:

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[illegible]

5. Qualification pending (*examination to be completed or result pending*)

Year started: Year completed:

Type of qualification:

Name of institution:

Subject	Result/Grade/ mark/band	Subject	Result/Grade/ mark/band

6. English language qualifications

Name of test	Score	Date obtained

7. Employment History

Current job

Job title: Organization

Start Date:

Previous Jobs Held

Organization	Post	Start date	End date	Reason for leaving

8. 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 ☐ Organisation/government sponsored

9. Referees *(For undergraduate and postgraduate courses, please fill in the reference form and submit along with the application form)*

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

Name	Mobile no	E-mail address

10. Personal statement supporting your application

Why have you chosen to study the programme you have applied for?

What made you choose School of Health Sciences, ADK Hospital?

What are your future plans?

11. Others

Where did you learn about ADK School of Health Sciences and its programmes?

Advertisement (please state newspaper/journal)

Radio ☐ Exhibition/careers fair ☐ Personal recommendation ☐ University website ☐

College/institution ☐ Social media (Please specify)

Internet search ☐ TV (Please specify the channel)

Please check that your application is complete and that you have enclosed all the relevant documents

Transcript of previous studies ☐ Copy of NRIC/passport ☐

English language qualification certificate ☐ Application fee (MVR 100/-) ☐

Signed and sealed academic reference forms (For required courses only) ☐

Letter from the sponsor (For required courses only) ☐

9. Student Declaration

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

Signature

Date

When completed please return to:

Admissions Office

School of Health Sciences

ADK Hospital

Sosun Magu

Tel: +960 3300307

Fax: +960 3313554

Web: www.adkhospital.com

For Use of the ADK School of Health Sciences Only

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

Decision

Decision taken by	Designation	Decision	Date	Signature

Reg #