



Maldives National Skills Development Authority

PR-2021v7  
ANNEX 1

## MNSDA Programme Registration Form

Training Provider Details:							
Name of the Training Provider: .....							
Contact Person: .....				Contact No.: .....			
Address: .....				Atoll: .....		Island: .....	
E-mail Address: .....							
Programme Details:							
Name of the Training Programme: .....							
Level of Qualification: .....				Duration: .....		Batch Number: .....	
Commencing Date: .....							
Type of Training:		<input type="checkbox"/>	Institution-Based Training				
		<input type="checkbox"/>	Employer-Based Training / Apprenticeship Programme				
		<input type="checkbox"/>	National Trade Testing and Certification				
Programme Co-ordinator:							
Name: .....				ID Card No: .....			
E-mail Address: .....				Contact No: .....			
Highest Qualification: .....							
Lecturer(s)/Trainer(s) Details:							
#	Full Name	ID Card No.	Contact No.	Full-Time	Part Time	Highest Qualifications	E-mail Address
1							
<b>Note:</b> 1. Attach a list in the same format if more rows needed. 2. Qualification must be in a related area to the proposed programme							
Training Facilities:							
Training Facility (School/Workshop/Seminar Room etc.): .....							
Capacity: .....							
Location: .....							
Application Declaration:							
I declare that all information provided in this form and the document is true and accurate.							Stamp
Name: .....			Sign: .....				
Designation: .....			Date: .....				

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Please ensure these documents are attached			
#	Documents to be submitted:	Check by Institute	Check by MNSDA
1	Completed “MNSDA Programme registration form”		
2	Curriculum Vitae of the trainer(s) and programme co-ordinator		
3	National ID Card or work permit card copy of the trainer(s)		
4	Academic certificates of the trainer(s) and the programme co-ordinator (Certificates issued by foreign institutions should be validated by respective Authorities)		
5	Reference letters of the trainer(s) (indicating duration of the work experience)		
6	Photographs of class rooms / workshops etc.		
7	Training Delivery Plan		

For Office Use	
<b>Documents checked by:</b>	
<b>Name</b>	
<b>Designation</b>	
<b>Signature</b>	
<b>Date</b>	
<b>DECISION OF MNSDA</b>	
I decide this programme to be .....	
(indicate with “Registered” or “Not registered”)	
<b>Decision made by:</b>	<b>Name:</b> ..... <b>Designation:</b> .....
<b>Signature:</b>	<b>Date:</b>