



Commencement of Training Form (COT)

Program Details:							
Name of the Training Program:							
Level of Qualification:		Duration:		Batch Number:			
Commencing Date:							
Training Provider Details:							
Name of the Training Provider:							
MNSDA Registration Number:							
Contact No.(s):							
Lecturer(s)/Trainer(s) Details:							
#	Full Name	ID Card No	Contact No	Highest Qualification	E-mail Address		
Note: 1- Attach a list in the same format if more rows needed. 2- If a lecturer is different from those listed in the program registration form, please fill these details.							
Trainee(s) Details:							
#	Full Name	ID Card No	Gender	Permanent Address	Date of Birth	Qualification	Contact No
1							
Note: Attach trainee(s) Detail's list in the same format							
I declare that all information provided in this form and the document is true and accurate.							
Prepared by: Name: Sign: Designation: Date: Program Coordinator: Name: Sign: Designation: Date:						Stamp	

**Maldives National Skills Development Authority**

Please ensure these documents are attached			
#	Documents to be submitted:	Check by institute	Check by MNSDA
1	Completed Commencement of Training Form		
2	Curriculum Vitae of the trainer(s).		
3	National ID Card/Work Permit Card Copy of the Trainer(s)		
4	Academic Certificates of the Trainer(s) (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	List of Trainee(s) including all the details in given format		
7	Copy of the National ID Card of all Trainees		