



**INSTITUTE FOR
CORRECTIONAL
STUDIES**

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Application Form

Institute for Correctional Studies (ICOST)
Maldives Correctional Service
Ghaazee Building (1st Floor)
Ameer Ahmed Magu, Male' Maldives (20125)
E: icost@corrections.gov.mv
W: www.corrections.gov.mv

Important Information This application form should be accompanied with the following:

- > One passport sized photograph with the applicants name written on the back.
- > Photocopies of relevant academic certificates.
- > A Copy of national Identity Card.
- > Original of all certificates and ID card needs to be provided with application. These will be returned to the applicant immediately upon verification.

Course Information

Full Course Name (as per the website or course information guide) Intake

Course Title:

Attach Passport
Photo

Applicant's Information

Full Name: (in block letters) First Name Middle Name Last Name

Permanent Address: Home Name Road Name Atoll and Island

Correspondence Address: Home Name Road Name Atoll and Island

Service Number: Officers Section Officers Prisoners File Number:

Date of Birth: Day Month Year National ID Card No.: Marital Status: Gender:

Contact Detail: Primary Mobile Number Secondary Mobile Number Land Line No. Email Address 2nd Email Address

Applicant's Education History

	Name of School	Year Completed	Result (Grade C and above)	
Primary School:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Secondary School:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Higher Secondary School:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Qualification	Institute / College / University	Duration	Completed Date
Higher Education:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Seal
if sponsored

Sponsorship Information (if someone else or an organization is paying your course fees)

Sponsor's Name: Name (Organizations or Person) Relationship to applicant Phone Number

Contact persin's Name Contact persin's Telephone Contact persin's Email

How did you find out about ICOST / Course?

Website Social Media TV/News Papers Friends/Relatives Banners/Flyers Email

Others Please Specify

Parent, Guardian, or Next of Kin

Full Name Relationship to Applicant Address (House Name, Road, Island, Atoll)

Mobile Number Email Address Place of Work Official Number

Applicant's Declaration

Name:

Signature:

For Official Use

Received by:
Name:..... Date:..... Signature:

Checked by:
Name:..... Date:..... Signature:

Enrolment Approved by:
Name:..... Date:..... Signature: