

# APPLICATION FORM

Institute For Correctional Studies

Maldives Correctional Service



## 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:

## Applicant's Information

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

Permanent Address: Home Name  Road Name  Atoll & Island

Correspondence Address: Home Name  Road Name  Atoll & Island

Service Number: Employees / Officers  Section: Employees / Officers  File Number: Prisoners

Date of Birth: Day  Month  Year  National ID Card Number:  Marital Status:  Gender:

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

## Applicant's Education History

Primary School: Name of School  Year of Completed  Results (Grade C and above)

Secondary School: Name of School  Year of Completed  O/L Results (Grade C and above)

Higher Secondary School: Name of School  Year of Completed  A/L Results (Grade C and above)

Higher Education: Qualification  Institute / College / University  Duration  Completed Date

## Sponsorship information

(if someone else or an organization paying your course fee)

Sponsor's Name:	Name (Organizations or Person)	Contact Person's telephone	Campus Seal if approved
	Contact Person's Name	Relationship to applicant	
	Phone Number	Contact Person's Email	

## How did you find out about ICOST / Campus?

Website:	<input type="text"/>	Email:	<input type="text"/>	Social Media:	<input type="text"/>	TV/News Paper:	<input type="text"/>	Friends/Relatives:	<input type="text"/>
Banners/Flyers:	<input type="text"/>	Others:	<input type="text"/>	Please Specify:	<input type="text"/>				

## Parent, Guardian, or Next of Kin

Full Name	Relationship to Applicant	Address (Home name, Road, island & Atoll)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile Number	Email Address	Place of work	Official Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Applicant's Declaration

Signature: \_\_\_\_\_

## For Official Use

Received by:	Name <input type="text"/>	Date <input type="text"/>	Signature <input type="text"/>
Checked by:	Name <input type="text"/>	Date <input type="text"/>	Signature <input type="text"/>
Approved by:	Name <input type="text"/>	Date <input type="text"/>	Signature <input type="text"/>



Maldives Correctional Service  
Prison club  
Icost



Maldives Prisons Media



Corrections\_MV



prisonclub



corrections.gov.mv  
prisonsstory.mv  
icost.edu.mv