



Maldives National Skills Development Authority

Program Registration Form

F2-PRF-V10

Revised Date: 10th September 2023

1. Training Provider Details:

Name of the Training Provider:

Contact Person: Contact No.(s):

2. Program Details:

Name of the Training Program:

Level of Qualification:

Mode of Training

Institute Based Training (IBT)

National Apprenticeship Program (NAP)

National Trade Testing and Certification (NTTC)

3. Program Coordinator:

Name:

E-mail Address: Contact No.(s):

4. Training Facilities:

Training Facility (School/Workshop/ Lab etc.):

Capacity:

Location:

5. Trainer(S) Details

#	Full Name	ID Card No	Contact No	Highest Qualification	E-mail Address
1					
2					

6. Facilities Required for the Assessments

6.1 Are Adequate Facilities available at the Institute to Conduct the Assessment? YES NO

If the answer is "NO", indicate the arrangements made/ to be made:

.....



.....	
6.2 Are Tools, Equipment & Material required for the Assessments available?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer is "NO", indicate the arrangements made/ to be made:	
7. Application Declaration:	
I / We declare that all information provided in this form and the document is true and accurate. Name: Sign: Designation: Date:	INSTITUTE'S STAMP
PP	

Please ensure these documents are attached			
#	Documents to be submitted:	Check by Institute	Check by MNSDA
1	Completed "Program Registration Form"		
2	Photographs of classrooms / workshops with equipment's etc.		
3	Training Delivery Plan		
4	Attested original copies of Academic Certificates & Transcripts of the Trainer (s)		
5	Attested Reference letters of the trainer(s) (indicating duration of the work experience)		
6	Curriculum Vitae of program coordinator		
7	Curriculum Vitae of trainer(S)		

Note: Please attach details with photographs of the training facilities as a PDF document.

For Office Use	
Documents checked by:	
Name:	
Designation:	
Signature:	
Date:	
Program Registration Letter No:	

Name of the Institute: -----

Name of the Program: -----

Level: -----

Contact Hours: -----

Learning Hours: -----

TRAINING DELIVERY PLAN

Week no:	Week Starting Date	Week Closing Date	Details of the Units	Assessment Details
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Pre-Assessment Date: -----

Recommended date for National Assessment: -----

