

Indira Gandhi Memorial Hospital

Male'

Maldives



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Kan'baa Aisaarani Hingun | 20402 | Male' Maldives | info@igmh.gov.mv | Hotline 3335335

MEDICAL INTERNSHIP APPLICATION FORM

I PERSONAL DETAILS

Name: Sex: M ☐ F ☐

Date of Birth: ID Card / Passport No:

Nationality: Contact No:

Permanent Address:

Current Address:
(If different from above)

E- Mail Address: Marital Status:

recent passport size
photograph
here

II QUALIFICATIONS

Professional Qualification	Institute	City / Country	Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DOCUMENTS TO BE ATTACHED

1. Medical Undergraduate (MBBS / Equivalent) Completion Document
2. Provisional registration for internship from Maldives Medical and Dental Council
3. A copy of national identity card/ passport
4. Police clearance

DECLARATION BY APPLICANT

I hearby declare that the information provided by me in this application is true to the best of my knowledge.

For more information, / inquiries Phone: 3335191 | Email: medicalinternship@igmh.gov.mv