



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

## MALDIVES NATIONAL CADET CORPS

Ministry of Education  
Republic of Maldives, Male'

### APPLICATION FOR PARTICIPATION IN CADET ACTIVITY

[write in blue or black pen in capital letters]

#### STUDENT'S DETAILS

Full Name:		Gender	
Date of Birth		National ID No:	
Present Address:		Atoll & Island:	
Permanent Address:		Atoll & Island:	
Index Number:		Contact Number:	

#### MEDICAL HISTORY

Health and Medical Information	Yes	No	If Yes, please specify the details
Do you have any allergies?			
Do you have any pre-existing medical conditions?			
Are you on any ongoing medication?			
Do you have any physical disabilities or conditions that may affect your participation in activities?			

#### PARENT / GUARDIAN'S DETAILS

Name:		Relationship:	
Contact Number:		Email Address:	
<p>I, the undersigned, give my consent for my child/ward, ..... [Full Name of Cadet], to participate in the Maldives National Cadet Corps activities. I understand that the MNCC authorities may take appropriate actions in case of an emergency, and I authorize the necessary medical treatment if required.</p>			
Parent / Guardian Name:		Signature:	
		Date: DD MM YYYY	