



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

MALDIVES NATIONAL CADET CORPS

Ministry of Education
Republic of Maldives, Male'

CADET ACTIVITY WITHDRAWAL FORM

[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:	

CADET ACTIVITY DETAILS

Enlisted Date:	DD	MM	YYYY	Sworn Date:	DD	MM	YYYY	Wing:	
Withdrawal Date:	DD	MM	YYYY	GTC:		YYYY	Platoon & No:		
Reason for Withdrawal:									

PARENT / GUARDIAN'S DETAILS

Name:		Relationship:	
Contact Number:		Email Address:	
I, the undersigned, give my consent for my child/ward, [Full Name of Cadet], to withdraw from the Maldives National Cadet Corps activities.			
Parent / Guardian Name:		Signature:	
		Date: DD MM YYYY	

SCHOOL OFFICIAL USE ONLY

Equipment returned	Yes	No	Remarks:
Teacher in-charge of cadet activity:		Signature:	
		Date: DD MM YYYY	