



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

## MALDIVES NATIONAL CADET CORPS

Ministry of Education  
Republic of Maldives, Male'

Attach PP size  
color photograph  
in civilian cloths

### MNCC INSTRUCTOR ENROLLMENT FORM

[write in blue or black pen in capital letters]

#### APPLICANT'S DETAILS

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Name:			
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?			

#### REASON FOR JOINING MNCC AS AN INSTRUCTOR

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#### PREVIOUS RECORD OF CADET ACTIVITY (if applicable)

Enlisted Date:	DD	MM	YYYY	Sworn Date:	DD	MM	YYYY	Wing:	
Withdrawal Date:	DD	MM	YYYY	GTC:		YYYY	Platoon & No:		
School Name									
Name of Teacher in-charge:									

Promotion details					
Rank		Promoted date			School
1	Lance Corporal (LCPL)	DD	MM	YYYY	
2	Corporal (CPL)	DD	MM	YYYY	
3	Sergeant (SGT)	DD	MM	YYYY	
4	Staff Sergeant (SSGT)	DD	MM	YYYY	
5	Company Sergeant Major (CSM)	DD	MM	YYYY	
6	Junior Under Officer (JUO)	DD	MM	YYYY	
7	Senior Under Officer (SUO)	DD	MM	YYYY	
8	Battalion Under Officer (BUO)	DD	MM	YYYY	

Camps & Trainings			
#	Details	Duration	Location
1			
2			
3			
4			
5			
6			
7			

Participated Events & Parades (E.g.: School fair security event, MNCC requested events & Parades)					
#	Details	Date			Allocated squad
1		DD	MM	YYYY	
2		DD	MM	YYYY	
3		DD	MM	YYYY	
4		DD	MM	YYYY	
5		DD	MM	YYYY	
6		DD	MM	YYYY	
7		DD	MM	YYYY	
8		DD	MM	YYYY	

## 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 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.			
Parent / Guardian Name:		Signature:	
		Date: DD MM YYYY	