



Ministry of Fisheries, Marine Resources and Agriculture

Male', Republic of Maldives

ދިވެހިސަރުކާރުގެ ގެޒެޓް، ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާއި ދިވެހިރާއްޖޭގެ ބޭރުގެ ސަރަޙައްދުގައި

ފަރުމާ، ދިވެހިރާއްޖެ

ޖެނެރަލް ވެޓެރިނަރީ ޕްރެކްޓިޝަނަރުގެ ރެޖިސްޓްރޭޝަން ފޯމް

APPLICATION FOR VETERINARY PRACTITIONER'S REGISTRATION FORM

1- Details of applicant		ޖެނެރަލް ވެޓެރިނަރީ ޕްރެކްޓިޝަނަރުގެ ރެޖިސްޓްރޭޝަން ފޯމް	
Individual <input type="checkbox"/>	Sole proprietorship <input type="checkbox"/>	Company <input type="checkbox"/>	Partnership <input type="checkbox"/>
Name			
ID/Passport/ Registration no.			
Address (including atoll and island)			
Contact no.			
Email			
Reason for appointing a veterinarian			
Applying for			
Reissue for loss/damage <input type="checkbox"/>	Renewal <input type="checkbox"/>	New <input type="checkbox"/>	
2- Personal details of veterinarian		ޖެނެރަލް ވެޓެރިނަރީ ޕްރެކްޓިޝަނަރުގެ ރެޖިސްޓްރޭޝަން ފޯމް	
Name			
ID card/Passport no.			
Work permit no.			
Date of birth	Sex		
Nationality			
Marital status			
Permanent address			
Current address			
Contact no.			
E-mail address			

