



COURSE NAME

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APPLICANT INFORMATION

Last Name		First	
NID/ Passport No.			
Nationality			
Address			
Telephone No		Mobile	
Email Address			

EMPLOYMENT DETAILS

Employer	Designation	Duration	Supervisor Contact No / Email

EDUCATION (PLEASE FILL ONE ONLY)

Doctorate		Degree	
Master's Degree		Others	

SPONSERSHIPS

Please provide a sponsorship letter along with the application or mail to corporatetraining@villacollege.edu.mv

Sponsored Company		Fax	
Address		Phone	
Signature of Authorized Personnel		Company Seal / Date	
Name		Date	
Designation		Phone	

DECLARATION

I confirm that the information given in this form is correct and complete

Signature	Date
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