



বাংলাদেশ ওভারসীজ এমপ্লয়মেন্ট এন্ড সার্ভিসেস লিমিটেড (বোয়েসেল)

(প্রবাসী কল্যাণ ও বৈদেশিক কর্মসংস্থান মন্ত্রণালয়ের নিয়ন্ত্রণাধীন জনশক্তি রপ্তানিকারক প্রতিষ্ঠান)

স্থাপিত-১৯৮৪



জরুরী ভিত্তিতে বোয়েসেল এর মাধ্যমে মালদ্বীপে ডাক্তার ও অন্যান্য স্বাস্থ্যকর্মী নিয়োগ

বিজ্ঞপ্তি নং- ৩২৬৮/২০১৪

তারিখ : ২১.০৯.২০১৪ খ্রিস্টাব্দ।

বোয়েসেলের মাধ্যমে মালদ্বীপে Ministry of Health এর অধীনে নিম্নবর্ণিত পদে ডাক্তার ও অন্যান্য স্বাস্থ্যকর্মী নিয়োগ করা হবে :

ক্র.নং	পদের নাম	ক্যাটাগরি	সংখ্যা	বেতন ও অন্যান্য সুবিধাদি
১	কনসালটেন্ট (ডিম্বী)/এসোসিয়েটেড স্পেশালিস্ট (ডিপ্লোমা)	১. এনেসথেসিওলজিস্ট (Anesthesiologist)	১৩	১। কনসালটেন্টদের মূল বেতন + সার্ভিস অ্যালাওন্স = \$ ২৯০৯ (মাস ডা) ২। এসোসিয়েটেড স্পেশালিস্টদের মূল বেতন + সার্ভিস অ্যালাওন্স = \$ ২৫৬৭ (মাস ডা) ৩। মেডিকেল অফিসারদের মূল বেতন + সার্ভিস অ্যালাওন্স = \$ ১৫১৪ (মাস ডা) ৪। আবাসন ভাড়া (স্পেশালিস্টদের) = \$ ৪৫৪ (মাস ডা) এবং (মেডিকেল অফিসারদের) = \$ ১৬২ ৫। আহার ভাড়া (স্পেশালিস্টদের) = \$ ১৫৬ (মাস ডা) এবং (মেডিকেল অফিসারদের) = \$ ১১৭ ৬। বিদেশে ৪ বছর এবং মালদ্বীপে ২ বছর চাকুরির অভিজ্ঞতা সম্পন্ন ডাক্তারদের বর্ণিত বেতনের উপর ৫% বেশি বেতন প্রদান করা হবে।
		২. কার্ডিওলজিস্ট (Cardiologist)	২	
		৩. ইএনটি স্পেশালিস্ট (ENT Specialist)	৩	
		৪. গাইনোকোলজিস্ট (Gynecologist)	২২	
		৫. অপথ্যালমোলজিস্ট (Ophthalmologist)	৬	
		৬. অর্থোপেডিক (Orthopedician)	৬	
		৭. পিডিয়াট্রিসিয়ান (Pediatrician)	১৪	
		৮. ফিজিসিয়ান (Physician)	১৬	
		৯. সাইকিয়াট্রি (Psychiatry)	৮	
		১০. সার্জন (Surgeon)	১৪	
		১১. ইউরোলজিস্ট (Urologist)	২	
২	মেডিকেল অফিসার (Medical Officer)	জিপি (GP)	১৮৬	
৩	(অন্যান্য স্বাস্থ্যকর্মী) Other Health Practitioner	ফিজিওথেরাপিস্ট (Physiotherapist)	১০	১। মূল বেতন + সার্ভিস অ্যালাওন্স = \$ ৫২৫ (মাস ডা)
		রেডিওগ্রাফার (Radiographer)	৮	২। আবাসন ভাড়া = \$ ৯৭ (মাস ডা)
		ল্যাব টেকনিশিয়ান (Lab Technician)	৫০	৩। আহার ভাড়া = \$ ১১৭ (মাস ডা)

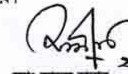
চাকুরির শর্তাবলী :

- ডাক্তারদের ক্ষেত্রে অবশ্যই সরকার স্বীকৃত কোন মেডিকেল কলেজ/প্রতিষ্ঠান হতে স্নাতক/এমবিবিএস ডিগ্রী পাশধারী হতে হবে এবং অন্যান্য স্বাস্থ্যকর্মীদের ক্ষেত্রে ডিপ্লোমাধারী হতে হবে।
- যে কোন সরকারি, আধা-সরকারি বা বেসরকারি মেডিকেল কলেজ/হাসপাতাল/প্রতিষ্ঠানে এমবিবিএস ডাক্তার হিসেবে তিন বছরের কাজের অভিজ্ঞতা থাকতে হবে এবং অন্যান্য স্বাস্থ্যকর্মী প্রার্থীদের অবশ্যই ২ বছর চাকুরির অভিজ্ঞতা সম্পন্ন হতে হবে।
- কনসালটেন্ট পদের জন্য ডিম্বী এবং এসোসিয়েটেড স্পেশালিস্ট পদের জন্য ডিপ্লোমা সনদ থাকতে হবে।
- দৈনিক ৮ (আট) ঘণ্টা ডিউটি, সপ্তাহে ৬ (ছয়) দিন। তবে ইমার্জেন্সি ডাকের দায়িত্ব পালন করতে হবে।
- চাকুরিতে যোগদানের বিমান ভাড়া প্রার্থীকে নিজে বহন করতে হবে যা চাকুরিতে যোগদানের পর নিয়োগ কর্তৃপক্ষ কেহত প্রদান করবে।
- অন্যান্য শর্তাবলী মালদ্বীপের শ্রম আইন অনুযায়ী।
- অনভিজ্ঞ এবং শর্ত পূরণে অযোগ্য প্রার্থীদের আবেদন করার প্রয়োজন নেই।
- চাকুরির মেয়াদ ১ বছর (নবায়নযোগ্য)
- সরকারি চাকুরিরত প্রার্থীদের বর্ধমান কর্তৃপক্ষের অনুমতিসহ আবেদন করতে হবে। অন্যথায় আবেদন বাতিল বলে গণ্য হবে।
- চাকুরির Job Description নিম্নে সংযুক্ত করা আছে।

বোয়েসেলের সার্ভিস চার্জ ও অন্যান্য সম্ভাব্য খরচ :

নির্বাচিত প্রার্থীদের নিকট হতে বোয়েসেলের নির্ধারিত সার্ভিস চার্জ এবং বিধি মোতাবেক অন্যান্য সরকারি ফি আদায় করা হবে।

অগ্রাধী প্রার্থীদের আগামী ১৬.১০.২০১৪ খ্রিস্টাব্দ তারিখের মধ্যে ইয়েরেকিতে জীবন বৃত্তান্ত, পাসপোর্ট কপি, BMDC সনদ, MMC Form এবং সকল শিক্ষাগত যোগ্যতার ও অভিজ্ঞতার সনদ cvboesl@gmail.com এ প্রেরণ করার জন্য অনুরোধ করা হল। জীবন বৃত্তান্তের উপরে পদের নাম উল্লেখ করতে হবে এবং একজন কেবল একটি পদে আবেদন করতে পারবেন। উল্লেখ্য ইতোপূর্বে যারা আবেদন করেছেন তাদের পুনঃআবেদন করতে হবে। সাক্ষাৎকারের বিষয়টি পরবর্তীতে প্রার্থীর প্রদত্ত মোবাইল ফোন এবং বোয়েসেল ওয়েব সাইটের মাধ্যমে জানানো হবে।


তারিখ: ২১/৯/২০১৪
মোঃ আব্দুল হোসেন
(মুদ্রা সচিব)
ব্যবস্থাপনা পরিচালক

অফিস ঠিকানাঃ

প্রবাসী কল্যাণ ভবন (৫ম তলা)
৭১-৭২ ইস্কাটন গার্ডেন (পুরাতন এলিফেন্ট রোড)
রমনা, ঢাকা-১০০০
বাংলাদেশ।

যোগাযোগ নম্বরঃ

ফোন : +৮৮-০২-৯৩৪৫৭২৪ (এমডি)
+৮৮-০২-৯৩৩৬৫০৮, ৯৩৬১৫১৫ ও ৯৩৬১১২৫ (পিএবিএক্স)
ফ্যাক্স : +৮৮-০২-৮৩৫৬৫৭৭ ও ৯৩৩০৬৫২
ইমেইল : info@boesl.org.bd, ওয়েবঃ www.boesl.org.bd

**DETAILS JOB DESCRIPTIONS AND MMC FORMAT FOR DOCTOR IN MALDIVES LATEST AND
DETAIL JOB DESCRIPTION AND MMC FORMAT FOR OTHER HEALTH PRACTITIONERS IN
MALDIVES FOR THE FOLLOWING PAGE**

DETAILS JOB DESCRIPTIONS AND MMC FORMAT FOR DOCTOR IN MALDIVES LATEST AND



Ministry of Health
Male'
Rep of Maldives

Basic Information and Salary Detailed of Doctors

- General medical Doctors and Specialist medical Practitioner

Designation	Required No	Basic Salary	Service allowance	Total
Gynecologist	22	Associate	Routine Duty 425,	Associate Specialist Rf 38012 (\$2567) Consultant Rf 45315 (\$2939) Medical officer Rf 23340 (\$1514)
Surgeon	14	Specialist	On call Duty 530	
Anesthesiologist	13	(Diploma) Rf	(425x15+530x15=14325)	
Pediatrician	14	25260	= \$929 (Dermatology,	
Physician	16	(\$1638)	ophthalmology, ENT,	
Psychiatry	8	Consultant	Psychiatry 425)	
orthopedician	6	(Degree) Rf	(425x30=12752)	
ENT Specialist	3	30990	= \$827	
Ophthalmologist	6	(\$2010)	Medical officer	
Cardiologist	2	Medical officer	Rf 275 per day	
Urologist	2	Rf 15090	(275x30=8250)	
		(\$975)	(\$535)	
Medical officer	186			

Salary given by level 01, every 4 years of experience in oversea and every 2 years of Maldives experience will count one step and increase salary (will be 5% increase total value).

Highlight areas are urgently need areas.

- ✓ Accommodation Allowance :specialist Rf 7000(\$454) medical officer Rf 2500(\$162)
- ✓ Food Allowance: specialist Rf2400(\$156) medical officer Rf 1800(\$117)
- ✓ Medical officer must have at least 2 year 6 month experience

General Information

- ✓ Ministry of Health and Gender will bear the cost of premium for enrolment in a health insurance scheme as decided by MOHG.
- ✓ Visa fees will only be paid for the employee.
- ✓ Air ticket will be provided/ reimbursed to the employee when joining, and upon completion of the contract. Air ticket would be made available during annual leave period. Such ticket will be provided up to the nearest international airport of home country to the Maldives through most direct and economic route Air ticket will also be provided upon termination of the contract accordingly under contractual agreement.
- ✓ 1 year (subject to termination by employee within 3 months' notice) or more than one year as agreed by the parties

- ✓ The EMPLOYEE will generally be expected to undertake the Programmed Activities at the principal place of work but the EMPLOYEE may be required to work in other locations including sites in other islands if requested by the EMPLOYER
- ✓ Since MOHG need to fill the post urgently, we will be giving priority to the person who can join at the earliest possible date.

Documents need for Maldives medical council registration.

- Passport copy (Bio data and Address page)
- Medical council registration (basic and additional qualification)
- Undergraduate Medical Degree
- Internship Certificate
- Postgraduate Medical Degree
- Certificate of good standing
- Certificate of Registration
- Experience Certificates
- Filled pre-registration form



MINISTRY OF HEALTH

APPLICATION FOR PRE-REGISTRATION AT MALDIVES MEDICAL COUNCIL

Serial Number

IDENTIFICATION		
NATIONAL IDENTITY CARD NO :	PASSPORT NO :	<div style="border: 1px solid black; padding: 5px; text-align: center;"> APPLICANT'S PHOTOGRAP (Passport size) </div>
FULL NAME (as shown in NIC/passport)		
FAMILY NAME :		
GIVEN NAME(S):		
REGISTRATION REQUIRED AS:		
GENDER : <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL :	
DATE OF BIRTH :DD / MM / YYYY	NATIONALITY : BANGLADESHI	
BASIC MEDICAL/DENTISTRY QUALIFICATION		
START DATE OF UNDERGRADUATE MEDICAL STUDIES : MM/YYYY	END DATE OF UNDERGRADUATE MEDICAL STUDIES(exclude period of internship): MM/YYYY	
NAME OF QUALIFICATION(as indicated on the degree awarded):	YEAR CONFERRED(as indicated on the degree): YYYY	LANGUAGE OF INSTRUCTION: ENGLISH
INSTITUTION :	COUNTRY:	
QUALIFICATION :	LICENSING AUTHORITY & COUNTRY :	
START DATE OF INTERNSHIP :MM/YYYY	END DATE OF INTERNSHIP : MM /YYYY	
NAME OF INSTITUTION WHERE INTERNSHIP WAS COMPLETED(if different from the institution where undergraduate medical education was completed):		
POST GRADUATE MEDICAL/DENTISTRY QUALIFICATION		
START DATE OF POSTGRADUATE MEDICAL STUDIES: MM/YYYY	END DATE OF POSTGRADUATE MEDICAL STUDIES : MM/YYYY	
NAME OF QUALIFICATION as indicated on the	YEAR CONFERRED(as	LANGUAGE OF

degree awarded):	indicated on the degree): YYY	INSTRUCTION: ENGLISH
INSTITUTION :	COUNTRY:	
QUALIFICATION :	LICENSING AUTHORITY & COUNTRY :	
ADDITIONAL QUALIFICATION		
START DATE OF STUDIES : MM/YY	END DATE OF STUDIES : MM/YYYY	
NAME OF QUALIFICATION:	YEAR CONFERRED(as indicated on the degree): YYY	LANGUAGE OF INSTRUCTION: ENGLISH
INSTITUTION:	COUNTRY:	
QUALIFICATION :	LICENSING AUTHORITY & COUNTRY :	
LICENSING EXAMINATION		
1. Have you attempted and passed a licensing examination before started practice as a medical/dental practitioner ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. If yes to), please provide information on the year license is obtained and the details of the examination passed. YYY		
If no to (1) state reason		
3. Was your entire course of undergraduate medical studies completed in the same University/Medical College? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT DETAILS IN THE MALDIVES : This part will be filled up by Maldives Authority		
PROPOSED EMPLOYMENT :		
EMPLOYER NAME :		
EMPLOYER CONTACT NUMBER :	EMPLOYER EMAIL :	
EMPLOYER ADDRESS :		
SUPPORTING DOCUMENTS		
Copies of the following documents are attached. <input type="checkbox"/> PASSPORT (DETAILS PAGE) <input type="checkbox"/> UNDER GRADUATE MEDICAL DEGREE <input type="checkbox"/> PROOF OF INTERNSHIP	<input type="checkbox"/> CERTIFICATE OF GOOD STANDING <input type="checkbox"/> CERTIFICATE OF REGISTRATION AT OTHER <input type="checkbox"/> LICENSING AUTHORITY <input type="checkbox"/> ENGLISH LANGUAGE QUALIFICATION	

<input type="checkbox"/> TESTIMONIAL FROM DEAN/REGISTRAR <input type="checkbox"/> POST GRADUATE MEDICAL DEGREE	<input type="checkbox"/> LETTER OF VERIFICATION	
DECLARATION		
I declare that all information provided herein is true to the best of my knowledge and I understand that falsifying information would result in legal action.		
NAME OF THE APPLICANT :	SIGNATURE OF THE APPLICANT	DATE : DD/MM/YYYY

PRE-REGISTRATION AT MALDIVES MEDICAL COUNCIL

Document No: MMC/02/2012

Instructions to Applicants

1. Copies of the following original documents are to be sent to Maldives Medical Council (MMC) in support of application:

- a. National Identity Card or Passport.
- b. Undergraduate and postgraduate medical qualifications as applicable.
- c. Documentary evidence of house job/internship with details on the period spent in each discipline (for those applicants having undergraduate qualification).
- d. Certificate of Good Standing (CGS) issued by the medical licensing authority of the country where the doctor has been practicing for the last 01 year prior to the application. The CGS received by MMC must not exceed 03 months from its issued date.
- e. Certificates of registration with other medical licensing authorities.
- f. For newly qualified applicants (less than 01 year of completion of training): An original testimonial from the Dean of the Medical School OR the Registrar of the University attesting to the applicant's character is required in addition to the item.

2. Medical Graduates are required to produce evidence of proficiency in English Language to the MMC if their basic medical qualifications are from medical schools where the medium of instruction is not in English. Test results obtained from the International English Language Testing System (IELTS) test OR the Test of English as a Foreign Language (TOEFL) within the minimum score stated here can be considered, subject to a validity period of 02 years based on the date of the test.

- IELTS - at least 7 for overall score.
- TOEFL - 250 marks for computer-based test or 600 marks for paper-based test or 100 marks for Internet based test.

3. In addition to items (1a),(1b),(1d) and (1e), applicants for temporary registration as visiting experts need to submit following to the Council, at least 1 week before registration:

- a. Original letter from sponsoring healthcare institution registered in the Maldives stating the purpose

of the visit of the expert and period required.

b. Original Letter of Verification (LV) of the visiting expert's field of specialty and/or expertise from the host institution of the expert.

4. Additional notes:

a. Documents in foreign language shall be submitted together with the certified English translations and original copies of the documents. The Maldives Medical Council will accept translation by (i) the institute that issued the original certificate (ii) any embassy or consulate of the country that issued the original certificate, (iii) relevant regulatory body of the country that issued the original certificate.

b. The Letter of Verification (LV) of a visiting expert's field of specialty and/or expertise (temporary registration) must be dated, contain information of doctor's name, degree or title conferred and must be issued by the Head of the respective clinical department OR the Chairman, Medical Board (or equivalent) of the host affirming the Visiting Expert's expertise.

c. All documentation submitted should be complete and legible. The Council will not process illegible, unclear or incomplete copies. Maldives Medical Council will not be responsible for delays that occur due to submission of illegible or incomplete documentation.

d. The MMC may also require the doctor to submit any other documents for evaluation of his/her application.

-----X-----

DETAIL JOB DESCRIPTION AND MMC FORMAT FOR OTHER HEALTH PRACTITIONERS IN MALDIVES



Ministry of Health
Male'
Rep of Maldives

Basic Information and Salary Detailed Health Practitioner

- Other health Practitioner

Designation	Required No	Basic Salary	Service allowance	Total
Physiotherapist	10	Rf 5610 (\$363)	Rf 2500 (\$162)	Rf 8110 (\$525)
Radiographer	8			
lab Technician	50			

- ✓ Accommodation Allowance : Rf 1500(\$97)
- ✓ Food Allowance: Rf 1800(\$117)
- ✓ must have at least 2 year experience in related area

General Information

- ✓ Ministry of Health will bear the cost of premium for enrolment in a health insurance scheme as decided by MOHG.
- ✓ Visa fees will only be paid for the employee.
- ✓ Air ticket will be provided/ reimbursed to the employee when joining, and upon completion of the contract. Air ticket would be made available during annual leave period. Such ticket will be provided up to the nearest international airport of home country to the Maldives through most direct and economic route Air ticket will also be provided upon termination of the contract accordingly under contractual agreement.
- ✓ 1 year (subject to termination by employee within 3 months' notice) or more than one year as agreed by the parties
- ✓ The EMPLOYEE will generally be expected to undertake the Programmed Activities at the principal place of work but the EMPLOYEE may be required to work in other locations including sites in other islands if requested by the EMPLOYER
- ✓ Since MOHG need to fill the post urgently, we will be giving priority to the person who can join at the earliest possible date.

Documents need for Maldives board of health Sciences

- Passport copy (Bio data and Address page)
- Undergraduate Degree
- Post graduate degree
- Experience Certificates
- Mark sheet of the qualification certificate
- Registration at other councils or other equivalent body
- Test result of English language requirement
- Curriculum vitae
- Filled pre-registration form



QI-MC/F/12/0057-0

MALDIVES BOARD OF HEALTH SERVICES

MINISTRY OF HEALTH

MALE

REPUBLIC OF MALDIVES

**APPLICATION FORM FOR PRE-REGISTRATION AT THE MALDIVES BOARD OF HEALTH SERVICES
(OTHER HEALTH PRACTITIONER'S)**

ERIAL NUMBER:

REGISTRATION	
TYPE OF REGISTRATION <input type="checkbox"/> TEMPORARY REGISTRATION <input type="checkbox"/> PERMANENT REGISTRATION :	
IDENTIFICATION	
TYPE OF IDENTITY IDENTIFICATION <input type="checkbox"/> PASSPORT <input type="checkbox"/> PASSPORT NO :	
FULL NAME (as shown in NIC/passport)	Recent Photograph Passport size
FAMILY NAME :	
GIVEN NAME(S):	
REGISTRATION REQUIRED AS:	
GENDER : <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL :
DATE OF BIRTH :DD / MM / YYY	NATIONALITY : BANGLADESHI
HIGHEST QUALIFICATION	
YEAR CONFERRED(as indicate on the degree/diploma awarded) :	NAME OF QUALIFICATION (as indicate on the degree/diploma awarded):
MM/YYYY	MM/YYYY
START DATE OF STUDIES:	END DATE OF STUDIES:
INSTITUTION :	COUNTRY:
OTHER QUALIFICATION	
YEAR CONFERRED(as indicate on the degree/diploma awarded) :	NAME OF QUALIFICATION (as indicate on the degree/diploma awarded):

MM/YYY	MM/YYY
START DATE OF STUDIES:	END DATE OF STUDIES: :
INSTITUTION :	COUNTRY:
YEAR CONFERERD(as indicate on the degree/diploma awarded) : MM/YYY	NAME OF QUALIFCATION (as indicate on the degree/diploma awarded): MM/YYY
START DATE OF STUDIES:	END DATE OF STUDIES: :
INSTITUTION:	COUNTRY:
repeat for additional qualification/s using the same format in another sheet:	
1.Is your qualification recognized as an allied health professional in the country where you obtained your qualification? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. country where you worked as an allied health professional...	
If no to (1) state reason	
3. Have you been previously registerd at the Malvides Board of Health Science or any other regulatory bodyege? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4if yes to (3),give details:	
PROPOSED EMPLOYMENT :	
EMPLOYER NAME :	
SUPPORTING DOCUMENTS	
<p>Certified true copies of the following documents must be attached.</p> <p><input type="checkbox"/> PASSPORT (DETAILS PAGE)</p> <p><input type="checkbox"/> UNDER GRADUATE MEDICAL DEGREE</p> <p><input type="checkbox"/> POST GRADUATE MEDICAL DEGREE</p>	<p><input type="checkbox"/> MARK SHEET OF THE QUALIFICATION CERTIFICATE</p> <p><input type="checkbox"/> REGISTRATION AT OTHER COUNCILS OR OTHER EQUIVALANT BODY</p> <p><input type="checkbox"/> TEST RESULT OF ENGLISH LANGUAGE REQUIRMENT</p> <p><input type="checkbox"/> CURRICULAM VITAE</p>

<input type="checkbox"/> EXPERINCCE CERTIFICATE(FOR EXPATRIATES ONLY)	<input type="checkbox"/> OTHERS
DECLARATION	
I declare that all information provided herein is true to the best of my knowledge and I understand that falsifying information would result in legal acton.	
NAME OF THE APPLICANT :	SIGNATURE OF THE APPLICANT
	DATE : DD/MM/YYYY

Instructions to the Applicants of pre- registration

1.Certified true Copies of the following original documents by notary public are to be sent to the Maldives Board of Health Sciences in support of application:

- a. National Identity Card or Passport.
- b. Undergraduate and postgraduate medical qualifications as applicable.
- c Certificates of registration with other allied professional licensing authorities
- d. Mark sheet/Transcript of the qualification certificate.
- e. Experience certificate (For Expatriates only)
- f Curriculum Vitae

2. English Language Requirement:

a. All allied Health Professional are required to produce evidence of proficiency in English language of the Maldives Board of Health Sciences.

Test results obtained from the international English Language Testing System (IELST)test for or any equivalent English examination Certificate with the mark sheet.

- IELTS - at least 5.5 for overall score.
- Equivalent English Language examination with the mark sheet.

3. In addition to items (1a),(1b),(1d) and (1e), applicants for temporary registration as visiting experts need to submit items (i) to (iv) below to the Maldives Board Of Health Sciences.

a. letter from sponsoring healthcare institution/facility registration in the Maldives stating the purpose of application and period required.

4. Additional notes:

a. Documents in foreign language other than English shall be submitted together with the certified English translations and original copies of the documents. The Maldives Board of Health Sciences will accept not translation by (i) the institute that issued the original certificate (ii) any embassy or consulate of the country that issued the original certificate, and (iii) a government institute of the country that issued the original certificate.

b.. All documentation should be complete and the submitted documents should be clear and legible. The Maldives Board of Health Sciences will not accept illegible, unclear or incomplete copies and will not be responsible for delays that occur due to submission of illegible or incomplete documentation

c.. The Maldives Board of Health Sciences may also require the allied health professional to submit any documents for evaluation of his/her application