



Department of Public Examinations

Male'
Republic of Maldives
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SUPERINTENDENT / INVIGILATOR APPLICATION FORM

Please tick as appropriate:

- Superintendent
- Invigilator

Centre name: _____

Centre number: _____



1. Name: _____

2. Tel:(Mobile) _____

3. Present Address: _____

4. Tel:(Residence) _____

5. Date of Birth: _____

6. ID No: _____

7. E-mail Address: _____

8. Bank Account No: _____

9. Occupation: _____

10. Work Experience: _____

11. If any relative/ close person(indicated below) is sitting in this examination, please tick in the appropriate grid:

- | | |
|--|---|
| <input type="checkbox"/> Own child | <input type="checkbox"/> Mother/Father |
| <input type="checkbox"/> Own Brother/ Sister | <input type="checkbox"/> Household Member |
| <input type="checkbox"/> Husband/ Wife | |

12. Do you teach/ give tuition to any of the candidate(s) sitting in this examination?

- Yes
- No

13. Have you officiated as a Superintendent or an Invigilator for Department of Public Examinations or any other examination body? Please give details.

	Superintendent	Invigilator	Year
• London GCE "A" Level & "O" Level Examiantion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Cambridge GCE "O" Level & IGCSE Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Secondary School Certificate Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Higher Secondary Certificate Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Cambridge ESOL Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Others (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Declaration

I have given the information required truthfully and accurately to the best of my knowledge.

Signature: _____

Date: _____

NOTE:

- Please attach CV.
- Appointees will be informed accordingly.
- Application for superintendents will be accepted from locals only.