Department of Public Examinations
Male'
Republic of Maldives
Tel: +960 3312898,
Fax: +960 3314113

SUPERINTENDENT / INVIGILATOR APPLICATION FORM

Please tick as appropriate: *(Please read the rules and regulations of superintendents and invigilators before applying)*

- ☐ Superintendent *(Locals Only)*
- ☐ Invigilator

Centre No. : _____

Centre name: _____

SCHOOL STAMP

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:

- ☐ Own child
- ☐ Own Brother/ Sister
- ☐ Husband/ Wife
- ☐ Mother/Father
- ☐ Household Member

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

- ☐ Yes
- ☐ No

13. Did you act as a Superintendent or an Invigilator for Department of Public Examinations or any other examination body before? Please give details!

					Year
• London GCE "A" Level & "O" Level Examiantion	Superintendent	☐	Invigilator	☐	
• Cambridge GCE "O" Level & IGCSE Examination	Superintendent	☐	Invigilator	☐	
• Secondary School Certificate Examination	Superintendent	☐	Invigilator	☐	
• Higher Secondary Certificate Examination	Superintendent	☐	Invigilator	☐	
• Cambridge ESOL Examination	Superintendent	☐	Invigilator	☐	
• Others (Specify) _____	Superintendent	☐	Invigilator	☐	

Declaration

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

Signature: _____ Date: _____

NOTE:

- When you submit the application please know that you should be available to attend the sessions at anytime DPE requests, till the exam finishes
- Please attach CV, if applying for the first time.
- Please complete all the information asked in this form