



**Maldives Food and Drug Authority**  
Ministry of Health  
Male', Republic of Maldives

**Pharmacy Assistant / Pharmacist ID Card Application Form**

<b>1.0 Services (✓)</b>				Please Paste 1 recent stamp size photograph here and attach 1 stamp size photograph
1.1 Types of registration		1.2 New Card	1.3 Card Renewal	
<b>2.0 Identification (✓)</b>				
2.1 Types of identification		2.1.1 Passport No	2.1.2 Id Card No	
2.2 Applicants Full Name				
2.3 Gender	Male	Female	2.4 Nationality	
2.5 Permanent Address				
2.6 Present Address		2.7 Contact No		
2.8 Email Address		2.9 MBHS Registration Number		
<b>3.0 Previous Id Card Information (Fill here if applying for a card renewal)</b>				
3.1 Applicant Name		3.2 Pharmacy Name		
3.3 MBHS Registration Number		3.4 Card Expired Date		
<b>4.0 Employer Information</b>				
4.1 Employer Name		4.2 Pharmacy Registration Number		
4.3 Pharmacy / Company Seal		4.4 Employer/Authorized Signature		
<b>5.0 Supporting Documents (✓)</b>				
Copies of the following documents are attached				
5.1 Pharmacist national ID card copy (If a Maldivian)				
5.2 Pharmacist passport Copy (If a foreigners)				
5.3 Copy of Maldives Board of Health Sciences Registration Certificate				
5.4 Previous ID card of the Pharmacist / pharmacy assistant (if applying for a card renewal)				
5.5 2 Stamp Size Photograph of the pharmacist				
<b>6.0 Declaration</b>				
6.1 I _____ (NIC/passport no) _____ declare that all information provided here in is true to the best of my knowledge and I understand that falsifying information would result in legal action.				
6.2 Date		6.3 Sign and Fingerprints		
<b>7.0 For Official Use</b>				
<b>7.1 Received By</b>		<b>7.2 Approved By</b>	<b>7.3 Data Entry</b>	
Name:		Name:	Name:	
Designation:		Designation:	Designation:	
Date:		Date:	Date:	
Sign:		Sign:	Sign:	
7.4 Others (specify)				