



MINISTRY OF TOURISM
REPUBLIC OF MALDIVES

APPLICATION FORM

TO OBTAIN NO-OBJECTION LETTER OF FOREIGN INTERN

TOURIST ESTABLISHMENT DETAILS	
Registered Name (as per the operating license):	
Atoll and Island:	
Email Address:	
Contact No:	

INTERN DETAILS	
Full Name (as in passport):	
Passport No:	
Nationality:	
Email Address:	
Course Name:	
University Name:	
Internship Start Date:	
Internship End Date:	
Emergency Contact:	
Full Name:	
Contact No:	
Email Address:	
Relationship:	

DECLARATION			
I hereby declare that the information given above is correct. The management will ensure that the individual adhere to all guidelines and regulations enforced by the Government of the Maldives.			
Name:			
Designation:			
Mobile No:			
Email Address:			
Date:			
Signature:		Stamp:	