

IAAF TECHNICAL OFFICIAL EDUCATION & CERITIFICATION SYSTEM Level I

(21 - 27 October 2015, Male')

Course Application Form			Photo
Name:			
Address: (Permanent):			
Address (Present):			
National ID:	Contact No:	Email:	
Educational Qualification: _			
Employed: Yes	No (If Ye	es :)	
Office: Section:		Designation:	
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Officiating History (Last 5 ye	<u>:ars)</u>		
2- 3-			
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5-			
I certify that information contained i	n this application is true and com on mentioned	plete and I am available for the whole day to dates.	o attend the course
Applicants	if sponsored by a club		
Signature:	Signa	Signature / Stamp	
Name:	Nam	e:	
	Desig	Designation:	

Please submit the application along with the copy of National ID Card and Stamp Size photo before 18th October 2015.

Athletics Association of Maldives Rasmee Boalhage, Male'

Tel: 331 7011, Fax: 331 7008, Email: mdv@mf.iaaf.org