Serial No	:		
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REPUBLIC OF MAURITIUS

MINISTRY OF EDUCATION AND HUMAN RESOURCES, TERTIARY EDUCATION AND SCIENTIFIC RESEARCH

APPLICATION FORM FOR SCHOLARSHIPS ON THE BASIS OF MERIT AND SOCIAL CRITERIA UNDER THE ADDITIONAL SCHOLARSHIP SCHEME

8 SCHOLARSHIPS

(3 PAGES IN ALL)

The completed application form must be submitted to the Scholarships Section of the Ministry of Education & Human Resources, 1st Floor, MITD House, Pont Fer, Phoenix, by the closing date for applications. This application form must be accompanied by **certified photocopies** of the following documents:

- (a) birth certificate;
- (b) certificates/ result slips of SC and HSC

Note: In the absence of certified photocopies, applicants should bring along their originals and copies of documents. Original documents will be returned to applicant after photocopies have been certified correct.

IMPORTANT: Incomplete, inaccurate, inadequate filling of the form or non-submission of documents requested for may lead to disqualification.

. Surname of Applicant :							
Other Names							
2. Gender: Male Female 3: Marital Status: Single Married							
5. Age:							
6. Place of Birth : Country of birth :							
7. Nationality : Mauritian/Other (please specify)							
8. National ID Number :							
9. Residential Address :							
10. Telephone No: Residence							
Mobile Phone No :							
Email Address:							
11. Present Occupation of applicant : Student/Unemployed/Employed/(Other Specify)							

		School Certificate/G.C.E 'O' Level Results									
Year : Examination Centre No : School :											
Index No:	••••										
Cambridge School Certificate			G.C.E 'C Cambridge	O' Level e/London)						
Subject	Grade		Subject	,		rade					
	•••••										
	•••••					• • • • •					
Grade Aggregate :											
Cambridge Higher School Certificate Results Year :											
Subjects			Subject	1	Paper Grade 1 2 3 4 5 6				6	Aggregate of Paper Grade	
Principal Level:-				1		3	4	3	U		
Subsidiary Level:-		Paner	Grade					To	otal		
General Paper		1 aper	Grade								
1											

	Course Title	Duration	Name of Institution	Country
1.				
2.				
3.				
	r from institutions to be attached, when			
14. Total Monu	my family income . (in Ks)			
15. Signature of	f Applicant :			
Date :				
For Office use	only:			
Submitted on: .	Originals Verified by:		Signature:	
			Date:	
Application Ac	cepted			Seal
Application Re	jected			
Remarks (if any	y):			
			Signature:	

13. Indicative course of study applied/to be applied for at first degree level :(in order of preference)