

REPUBLIC OF MAURITIUS

MINISTRY OF EDUCATION, TERTIARY EDUCATION,

SCIENCE AND TECHNOLOGY

Mauritius-Africa Scholarship Application Form for Postgraduate Programmes

2021 Edition

For Office Use Only

Reference Number	
Received on	
Received by	

MAURITIUS-AFRICA SCHOLARSHIP

The Government of Mauritius is awarding scholarships to deserving students who are resident citizens of member states of the African Union or of an African Commonwealth country to pursue higher studies in a registered public Higher Education Institution (HEI) in Mauritius.

The duly completed application form should be submitted through the *Nominating Agency* of the respective countries. A list of Nominating Agencies can be found on the website of this Ministry at <u>http://ministry-education.govmu.org/English/educationsector/Pages/Tertiary-Education.aspx</u>

No direct application to the Mauritian Ministry of Education, Tertiary Education, Science & Technology will be entertained.

APPLICATION CHECKLIST

Application Form (Section 1 to 6) duly filled	
Copy of Birth Certificate	
Copy of biodata page of passport, if available	
Copies of all educational certificates	
Copies of transcripts of educational certificates	
Detailed study/research plan (750 words for Masters and 1500 words for MPhil/PhD)	
Supporting statement from a named supervisor (for MPhil/PhD applicants)	
Endorsement by Nominating Agency (Section 5)	
Medical certificate filled and signed by a Registered Medical Practitioner (Section 6)	
Copy of letter of conditional offer by a public higher education institution in Mauritius OR copy of acknowledgement notice from the HEI	
ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION	FORM

A list of the registered public HEIs offering full-time on-campus higher education programmes can be found at **Section 8** of the *Guidelines for Applicants* or from the website of Higher Education Commission <u>http://www.tec.mu/public_institutions</u>

SECT	ION C)NE	E: P	ER	SO	NA	۱L	IN	FC	R	M/	AT	10	Ν			
Your family name and ot on your passport or birth			hould	l be th	ie sa	ame	as	the	offic	cial	nar	nes					
First Name(s) (in BLOCK letters)													4 4	oass ohot	sport ogra	recen sized oph of	
Family Name (Surname) (in BLOCK letters)													נ 	/our	self		
Gender		E		MALE			of // <i>nm</i>										
Place of Birth																	
Country of citizenship																secono ⁄ou hav	
2 nd Country of citizenship															citizer		-
Passport Number							nm/		kpir <u>;</u> V)	у							
Indicate whether you suf ability to participate in th <i>diabetes, significant visu</i> <i>loss, etc.</i>) A ' <i>YES</i> ' answer will not	e propo: <i>ial impa</i>	sed : irme	study <i>nt, m</i>	progi notor d	ramı disal	ne bility	(e.g ⁄ or	i. eµ sig	oilep nific	osy, cant	ast he	thm earin	а,			YES NO	
If you have answered requirements or support of paper. Please attach	you may	requ	uire to	o com	plete	э уо	our p	orog	ram	me	of s	stuc					
YOUR CONTACT DE Please provide an addre		ich tl	he ou	utcome	e of	this	app	olica	ation	ı ca	n be	e co	mn	nuni	cate	d to ye	ou.

Full Address (in BLOCK letters)											
Home Phone Number (including country code)	+										
Mobile Phone Number (including country code)	+										
Email Address											$\overline{\square}$

EMERGENCY CONTACT	T DETAILS n case of emergency, if different from the above.
Name (in BLOCK letters)	
Relationship to you (in BLOCK letters)	
Full Address (in BLOCK letters)	
Home Phone Number (including country code)	+
Mobile Phone Number (including country code)	+
Email Address	

SECTION TWO: DETAILS OF ACADEMIC QUALIFICATIONS

Certified copies of academic qualifications, together with the mark sheets, must be provided. The qualifications are to be listed in chronological order.

State qualifications obtained at Secondary School Level prior to end of secondary qualification and the Awarding Body

(eg Higher School Certificate/ Cambridge CIE, GCE Advanced Level/ Cambridge CIE, Baccalaureate/ IB Geneva.., etc):

Qualification																					
					SUE	BJE	СТЗ	6				(GR/	٩DE	S/M	AR	KS				
																		-			
												_									
Name of Institution																					
									r i		1		1	1							
Address of																					
Institution																					
Start Date		I								End [
(mm/yyyy) State Qualific	ration		tain		at o	nd	of S	900		mm/y arv S				lar	nd ti	ho A	Wai	din	n Bo	dv	_
(eg School Certi	ificate/	Cam	brid	ge C	IE .	GCE		dinar	v I	evel/	Cam	brida	ie Cl	IE.(GCS	E/E	devo	cel. D) inlôn	ne ne	
					,		- 0/0	<i></i>	y <u>–</u>	0100	ounn	J	,	- , ,	000		uonu	- /			
National du Brev	vet/NC	FE,			,		. 0/0	in real.	y		oum		,	_,.		_, _	uunt	- ,			
National du Brev Qualification:		-	etc)									-									
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
Qualification: Name of Institution		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
Qualification:		-	etc)	: 	<u></u>		<u></u>					ing E	Body	<u>:</u>	<u></u>						
Qualification: Name of Institution Address of Institution		-	etc)	: 	<u></u>		<u></u>						Body	<u>:</u>	<u></u>						
Qualification: Name of Institution Address of		-	etc)	: 	<u></u>		<u></u>						Body	<u>:</u>	<u></u>						

Mauritius-Africa Scholarship Scheme 2021

State qualification	obtai	ned a	at Hig	gher	Edu	ıcati	on	Leve	el:										
Name of Award (e.g BSc (Hons) Biology)																			
Name of Institution																			
Address of Institution																			
Grade Achieved (e.g 1 st Class)																			
CPA/GPA or Percentage Achieved	GPA	.:					Or	r Pei	rcen	tage	e Ac	hie	/ed :			C	%		
Start Date (mm/yyyy)								nd [nm/y											
State any other qu	alifica	tions	s obt	aine	d at	terti	iary	lev	el(at	ttacł	n ad	ditic	onal	she	ets	if re	quire	ed):	
SN Awarding B	ody			Nan	ne o	f Aw	ard					tart ate			nd ate		Gra Acl	ide niev	ed
1																			
2																			
3																			
List details of releva distinctions or prizes any.																			
List any scholarship received, if any. (<i>Provide details suc</i> <i>the scholarship(s), t</i> <i>or course undertake</i> <i>completed.</i>)																			

SECTION THREE: PROPOSED COURSE OF STUDY

Provide details of the public Higher Education Institution(s) and programme(s) of study you have applied for in Mauritius.

Copy of a **letter of offer** <u>or</u> **acknowledgement notice** from the public Higher Education Institution(s) must accompany this application. The information below must match the information in the correspondence from the Higher Education Institution(s).

NAME OF HIGHER EDUCATION INSTITUTION	PROGRAMME OF STUDY	COURSE CODE

SECTION FOUR: DECLARATION

CONDITIONS OF THE SCHOLARSHIP

If I am awarded a scholarship under the Mauritius-Africa Scholarship Scheme, I agree that the scholarship may be terminated if I do not comply with the conditions attached to it. I will also abide by the '**Guidelines for Applicants**' and understand that I:

• will be eligible for tuition fees (paid directly to the HEI) as per grid below;

	paid up to
1 SADC Countries Local Fees	MUR100,000
2 Non-SADC Countries International Fees	MUR160,000

(as at 18 January 2021, 1 USD – MUR 39.55)

- will be eligible for an assistance to meet living expenses of not more than MU12,500 monthly;
- will be eligible for refund of the student airfare (economy class) by the most economical route to Mauritius at the start, and airfare to my home country upon successful completion of studies;
- will accept the scholarship only for the approved study programme for which it is offered and that **no changes whatsoever will be allowed**;
- will comply with the rules and regulations of the Higher Education Institution;
- will agree to the disclosure of information pertaining to my academic progress to the relevant Mauritian authorities for administrative purposes;
- will have to comply with all the laws of Mauritius, including immigration laws, and I will be solely responsible for my actions;
- will leave Mauritius at the end of my studies;

DECLARATION

This section must be completed and signed by the applicant.

Note that incomplete, inadequate or inaccurate filling of the form may result in the applicant's elimination from consideration. Any false information given or concealment of any relevant information may lead to termination of the scholarship.

I,(full name), the undersigned, declare that the particulars in this application are true and accurate, and that I have not willfully suppressed any material fact.

Date:

Signature:

Mauritius-Africa Scholarship Scheme 2021

SECTION FIVE: NOMINATING AGENCY ENDORSEMENT

This section is to be completed by an authorised officer of the Nominating Agency in the co	untry of
citizenship of the applicant.	

As the Nominating Agency on behalf of the Government in the country of origin of the applicant,

I nominate (fill in Name of Applicant):

for a Mauritius-Africa Scholarship on behalf of the Government of: (fill in Country name)

Name of Authorising Officer	
Name of Official Nominating Agency (e.g Ministry of Education)	
Position	
Email	
Website (if any)	
Signature	
Date	
Official Stamp/Seal	

SECTION SIX: MEDICAL CERTIFICATE (To be filled by a Registered Medical Practitioner)

1. PFR	SONAL	DFTAII	S OF CAN						
Surname		021701							
Other Name	es								
Date of Birt	h				Ger	nder			
Nationality					Pas	sport No.			
Occupation	l				<u> </u>				
2. MEDICAL EXAMINATION									
General Me									
Cardiovascular System									
Respiratory	Syster	n							
Alimentary	System								
Urinary Sys	tem								
Central Nervous System									
Past Medical History									
(please give Any Others		if any)							
(Please give details, if any)									
3. ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)									
4. DECLARATION									
I hereby declare that this applicant is NOT suffering from any infectious or									
communicable disease.									
Full Name o	of Docto							SEAL OF	
									DOCTOR OR
Address (City and									MEDICAL
Country)	-							INSTITUTION	
Tel No.				Fax	No.				
Email				<u> </u>		L			
Signature				Date					