



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 <http://ministry-education.govmu.org/English/educationsector/Pages/Tertiary-Education.aspx>

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 | <input type="checkbox"/> |
| Copy of Birth Certificate | <input type="checkbox"/> |
| Copy of biodata page of passport, if available | <input type="checkbox"/> |
| Copies of all educational certificates | <input type="checkbox"/> |
| Copies of transcripts of educational certificates | <input type="checkbox"/> |
| Detailed study/research plan (750 words for Masters and 1500 words for MPhil/PhD) | <input type="checkbox"/> |
| Supporting statement from a named supervisor (for MPhil/PhD applicants) | <input type="checkbox"/> |
| Endorsement by Nominating Agency (Section 5) | <input type="checkbox"/> |
| Medical certificate filled and signed by a Registered Medical Practitioner (Section 6) | <input type="checkbox"/> |
| Copy of letter of conditional offer by a public higher education institution in Mauritius OR copy of acknowledgement notice from the HEI | <input type="checkbox"/> |

ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION FORM

Further information

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 http://www.tec.mu/public_institutions

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** or **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 |
|--------------------------------------|--------------------|-------------|
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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;

| SN | Beneficiaries from | Applicable Rate | Tuition Fee 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 **MUR12,500** 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:

SECTION SIX: MEDICAL CERTIFICATE

(To be filled by a Registered Medical Practitioner)

1. PERSONAL DETAILS OF CANDIDATE

| | | | |
|---------------|--|--------------|--|
| Surname | | | |
| Other Names | | | |
| Date of Birth | | Gender | |
| Nationality | | Passport No. | |
| Occupation | | | |

2. MEDICAL EXAMINATION

| | |
|--|--|
| General Medical Examination | |
| Cardiovascular System | |
| Respiratory System | |
| Alimentary System | |
| Urinary System | |
| Central Nervous System | |
| Past Medical History <i>(please give details, if any)</i> | |
| Any Others <i>(Please give details, if any)</i> | |

3. ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)

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4. DECLARATION

I hereby declare that this applicant is **NOT** suffering from any infectious or communicable disease.

| | | | |
|----------------------------|--|---------|--|
| Full Name of Doctor | | | |
| Address (City and Country) | | | |
| Tel No. | | Fax No. | |
| Email | | | |
| Signature | | Date | |

SEAL OF
DOCTOR OR
MEDICAL
INSTITUTION