

NATIONAL EQUIVALENCE COMMITTEE

MINISTRY OF EDUCATION AND HUMAN RESOURCES

MITD HOUSE, PHOENIX

Application Form for Recognition /Equivalence of Qualifications

Office  
Purposes

**A. Applicant's Personal Information**

- 1. Surname..... First Name..... Mr/Ms/Mrs/Dr. ....
- 2. Maiden Name (if applicable) .....
- 3. Address .....
- 4. Date of Birth .....
- 5. Nationality .....
- 6. National Identity No.: .....
- 7. Phone No. (Resd.) ..... (Office).....(Mobile).....
- 8. Present Occupation and Department .....
- 9. Examination passed in chronological order (copies of certificates and mark sheets to be enclosed & originals to be produced for verification purposes) .....

Certificates	Year of Award	Name of Awarding Institution and Country of Origin
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- |     |       |       |       |
|-----|-------|-------|-------|
| (a) | ..... | ..... | ..... |
| (b) | ..... | ..... | ..... |
| (c) | ..... | ..... | ..... |
| (d) | ..... | ..... | ..... |
| (e) | ..... | ..... | ..... |

- 10 Please state whether you are applying for - RECOGNITION  } of qualifications  
 and/or - EQUIVALENCE  }  
*(Please tick appropriate box)*

**B. Qualifications for which recognition/equivalence (*delete as applicable*) is being sought**

- 1 (i) Name of awarding institution for B: .....
- 1 (ii) Address: .....
- 1 (iii) Tel. .... Fax .....
- 1 (iv) Date of registration .....
- 2 Minimum entry requirements for B: .....
- 3 Duration: From ..... To .....
- 4. Whether examinations were conducted under the supervision of the M.E.S.  
Yes / No (delete where applicable) .....

**C. Complete this section only if you are applying for EQUIVALENCE – Please note that equivalence may be established for foreign qualifications in comparison with what is available in Mauritius and not vice-versa. Equivalence of local qualifications with similar local qualifications will also be considered.**

1. Qualification to which equivalence is being sought:

.....

2. Name of awarding institution .....

3. Address .....

4. Tel ..... Fax .....

5. Entry requirements for C1 .....

6. Duration of course leading to C1.....

**D. Reason/s why equivalence is sought:**

(a) For seeking employment ( )

(b) For practice of profession ( )

(c) For promotion ( )

(d) For pursuit of studies ( )

(e) For award of incremental credit ( )

(f) Any other reason .....

**E. Have you applied to the NEC previously ? If yes, please give details, including reference number.**

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**F. Declaration**

I, the undersigned, certify that the certificates and other relevant documents I have submitted are authentic and that the information I have provided are correct.

*(Please note that presentation of false/faked documents constitutes an offence which is liable to prosecution).*

Date: ..... Signature .....

**For Office Use**

Remarks : .....

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Name of verifying officer: .....

Signature: .....

Date : .....