

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

REPUBLIC OF MAURITIUS

Application Form Mauritius-Africa Scholarship

for tenure from 2017

MAURITIUS-AFRICA SCHOLARSHIP

The Government of Mauritius is awarding scholarships to deserving students who are resident citizens of member states of the African Union to pursue higher studies at undergraduate level in a registered public Tertiary Education Institution (TEI) in Mauritius.

This duly completed application form should be submitted through the *Nominating Agency* of your country. **No direct application to the Mauritian Ministry of Education & Human Resources, Tertiary Education & Scientific Research will be entertained.**

APPLICATION CHECKLIST

All the sections (SECTION ONE to SIX) in this application form are to be fully filled in and all the documents listed hereunder are to be included with the application form. Medical certificate to be duly filled and signed (and stamped where applicable) by a registered medical Practitioner in **SECTION SIX** of the Application Form. Incomplete application forms or incomplete documentation will disqualify the candidate.

A copy of letter of conditional offer by a public tertiary education institution in Mauritius (if available at time of application) or copy of acknowledgement notice from the TEI that an application has been made and all the following supporting documents must be **certified** true copies by a government body in the candidate's country of citizenship, and must accompany the completed application form:

- Copy of Birth Certificate;
- Copy of biodata page of passport (if available);
- Copies of educational certificates at end-of-secondary school level and above (if applicable);
- Copies of transcripts of end-of-secondary school results;

ORIGINAL DOCUMENTS SHOULD NOT BE SENT WITH THE APPLICATION FORM

Further information

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

SECTION ONE: PERSONAL INFORMATION

Your family name and other names should be the same as the official names on your passport or birth certificate.

First Name(s)
(in BLOCK letters)

Family Name (Surname)
(in BLOCK letters)

Attach a recent passport sized photograph of yourself

Gender

☐ MALE ☐ FEMALE

Date of Birth
(dd/mm/yyyy)

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Place of Birth

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Country of citizenship

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2nd Country of citizenship (if any)

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Please list second country if you have dual citizenship

Passport Number

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Passport expiry date
(dd/mm/yyyy)

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Indicate whether you suffer from any illness or disability that might affect your ability to participate in the proposed study programme (e.g. epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.)
A 'YES' answer will not affect your chances of obtaining a scholarship.

☐ YES

☐ NO

If you have answered 'YES', provide brief details of the illness or disability and any special requirements or support you may require to complete your programme of study on a separate sheet of paper. Please attach a copy of your doctor's assessment of your special requirements.

APPLICANT CONTACT DETAILS:

Please provide an address at which the outcome of this application can be communicated to you.

Full Address
(in BLOCK letters)

Home Phone Number
(including country code)

+															
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Mobile Phone Number
(including country code)

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Email Address

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DETAILS OF GUARDIAN:

FORM OF CORRESPONDENCE																									
Name <i>(in BLOCK letters)</i>																									
Relationship to you <i>(in BLOCK letters)</i>																									
Occupation <i>(in BLOCK letters)</i>																									
Nationality <i>(in BLOCK letters)</i>																									
Full Address <i>(in BLOCK letters)</i>																									
Home Phone Number <i>(including country code)</i>	+																								
Mobile Phone Number <i>(including country code)</i>	+																								
Email Address																									

EMERGENCY CONTACT DETAILS:

Someone who can be contacted in case of emergency, **if different from the above.**

Name <i>(in BLOCK letters)</i>	<div></div>
Relationship to you <i>(in BLOCK letters)</i>	<div></div>
Full Address <i>(in BLOCK letters)</i>	<div></div>
Home Phone Number <i>(including country code)</i>	+ <div></div>
Mobile Phone Number <i>(including country code)</i>	+ <div></div>
Email Address	<div></div>

SECTION TWO: DETAILS OF ACADEMIC QUALIFICATIONS

Certified copies of academic qualifications, together with the marksheets, must be provided. The most recently completed qualification to be listed first.

State qualification obtained at end of Secondary School Level

(eg Higher School Certificate, GCE Advanced Level, Baccalaureate, etc):

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State qualification obtained at Tertiary Level (if any):

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Name of Institution

Address of Institution

Start Date
(mm/yyyy)

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End Date
(mm/yyyy)

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State qualification obtained at Technical and Vocational Level (if any):

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Name of Institution

Address of Institution

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Start Date
(mm/yyyy)

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End Date
(mm/yyyy)

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PROFICIENCY IN ENGLISH:

(please tick where appropriate)

Written

☐ Good

☐ Fair

☐ Poor

Spoken

☐ Good

☐ Fair

☐ Poor

Submit TOEFL or IELTS test score and date, if available.

(Attach documentary evidence).

SECTION THREE: PROPOSED COURSE OF STUDY

Provide details of the public Tertiary 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 Tertiary Education Institution(s) must be enclosed with this application. The information below must match the information in the correspondence from the Tertiary Education Institution(s).*

NAME OF TERTIARY EDUCATION INSTITUTION	PROGRAMME OF STUDY APPLIED FOR	COURSE CODE

SECTION FOUR: DECLARATION

CONDITIONS OF THE SCHOLARSHIP

If you are awarded a scholarship under the Mauritius-Africa Scholarship Scheme, you will abide to the the conditions of the Scholarship indicated in the Guidelines for Applicants as well as those listed below. You will:

- be eligible for payment of up to **MUR (Mauritian Rupee) 100,000** per annum for beneficiaries from SADC countries and up to a maximum of **MUR 160,000** per annum for those from non-SADC countries to be allocated yearly, directly to the TEI, to meet tuition fees and related course costs (e.g. general/annual fees and miscellaneous fees, etc).and assistance to meet living expenses of not more than MUR8,300 monthly
- be eligible for international student air travel (economy class) fare via the most economical route, at the start of their studies, from their country of citizenship to Mauritius, and a return airfare after successful completion of studies, from Mauritius back to their country of citizenship;
- accept the scholarship only for the approved undergraduate study programme for which it is offered and that **no deferment will be allowed;**
- comply with the rules and regulations of the Tertiary Education Institution;
- agree to the disclosure of information pertaining to your academic progress to the relevant Mauritian authorities for administrative purposes;
- have to comply with all the laws of Mauritius, including immigration laws, and you will be solely responsible for your actions;
- leave Mauritius at the end of your studies;
- acknowledge that the scholarship may be terminated if you do not comply with the conditions of the scholarship.

DECLARATION

This section must be completed and signed by the applicant.

(It is an offence to give false information or to conceal any relevant information).

I,, the undersigned, declare that the particulars in this application are true and accurate, and that I have not wilfully withheld any material fact.

I acknowledge that incomplete, inadequate or inaccurate filling of the form will result in the elimination of my application from any further consideration.

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. (if available)	
Occupation			

2. MEDICAL EXAMINATION	
General Medical Examination	
Cardiovascular System	
Respiratory System	
Alimentary System	
Urinary System	
Central Nervous System	
Contagious disease	
HIV/AIDS	
Past Medical History (please give details, if any)	

3. ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)
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4. REMARKS			
I hereby certify that this applicant is not suffering from any infectious or communicable disease.			
Full Name of Doctor			
Address (City and Country)			
Tel No.		Fax No.	
Signature		Date	

SEAL OF
DOCTOR OR
MEDICAL
INSTITUTION