|  |  |
| --- | --- |
| CODING |  |

 **MAURITIUS INSTITUTE OF TRAINING AND DEVELOPMENT**

|  |
| --- |
| **Centre Name** : ………………………………………………………  **Address**  : ………………………………………………………  **Telephone** : ……………………… **Fax** : …………………….. |

**APPLICATION FORM FOR ADMISSION**

**APPLICANT’S PERSONAL PARTICULARS**

SURNAME: ( MR / MRS / MISS ) ( MR / MRS / MISS )

OTHER NAME(s):

MAIDEN NAME :

(If applicable)

ADDRESS: ………………………………………………………………………………………………………………………………

.……………………………………………………………………………………………………………………………..

DOB: / / AGE : GENDER: MALE FEMALE

NATIONALITY: **……………………………**  NIC:

PHONE NO : MOBILE:

EMAIL ADDRESS: ………………………………………………… RESIDENCE/WORK PERMIT NO : …………………………………....

(If applicable)

**COURSE APPLYING FOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *COURSE TITLE* | *LEVEL OF COURSE* | *FULL- TIME(✓)* | *PART-TIME(✓)* | *APPRENTICESHIP SCHEME (✓)* |
| 1st Choice |  |  |  |  |  |
| 2nd Choice |  |  |  |  |  |
| 3rd Choice |  |  |  |  |  |

**EDUCATION HISTORY**

**SECONDARY INSTITUTION(S) / TECHNICAL SCHOOL(S) ATTENDED**

|  |  |  |
| --- | --- | --- |
| *SN* | *YEAR* | *INSTITUTION(S) ATTENDED* |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**P.T.O**

***ACADEMIC QUALIFICATIONS:***

***Please tick (Description: http://t0.gstatic.com/images?q=tbn:ANd9GcR_n5hLO1wqf4nWUEtIMgl933wi2RJBg4njNTliXPqcc7SW3xoBJvCV0HQ ) your highest academic qualification*** :

CPE PREVOC FORM 3 NTC F FORM 4 FORM 5 SC/GCE ‘O’LEVEL LOWER 6 HSC/GCE ‘A’LEVEL

***If others, please specify*** …………………………………………..

**DETAILS OF HIGHEST ACADEMIC QUALIFICATIONS:**

|  |  |
| --- | --- |
| *SUBJECTS* | *GRADE* |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

**OTHER RELEVANT ACADEMIC/TECHNICAL QUALIFICATIONS:**

|  |  |
| --- | --- |
| *QUALIFICATION(S) / INSTITUTION(S)* | *YEAR* |
|  |  |
|  |  |
|  |  |
|  |  |

**OTHER PARTICULARS**

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE?: YES NO

IF **YES** WHEN AND GIVE REASON:…………………………………………………………………………………………………

HAVE YOU ANY SERIOUS DISEASE OR PHYSICAL OR MENTAL DISORDER?: YES NO

IF **YES**, PLEASE GIVE DETAILS HERE ……………………………………………………………………………………………...

**SPONSORSHIP**

***Are you sponsored by any institution or employer?Yes No***

If **YES**, Please fill in below :

Name of the company : ……………………………………………….. Email Address: …………………………………

Address : ……………………………………………………………… Tel: …………………. Fax: …………………….

Name of designated person : …………………………………………. Designation: ………………………………......

Signature: ……………………

Date: ………………………..

**Seal of institution / employer P.T.O**

**DECLARATION OF APPLICANT**

I, ……………………………………………………………………………….the undersigned applicant hereby declare that the above information is true and accurate.

Signature of Applicant: …..………….. Name of Responsible Party : …….……………………………..

(if applicant under 18)

Signature of Responsible Party : ………..…………………………

Date : ……………… Contact no of Responsible Party : …………………………………..

***N.B: Please attach photocopies of your birth certificate(new format), national identity card, educational and technical qualifications and any other related documents. All information will be treated confidentially.***

**OPTION**

I consent/do not consent (delete as appropriate) that my data being shared for training and employment purposes to other organisations.

Signature:………………………………………….

**HOW DO YOU KNOW ABOUT MITD COURSES?**

Please tick (✓)

Newspaper Radio TV MITD Website Job Fair Friends Open Days Talks

*Others, please specify* **…………………….**

**FOR OFFICE USE**

Processed on : …………………………… Rejected / Selected ( Delete as appropriate)

Checked by : …………………………… Signature : ………………………….