TD/001/Doc1

MAURITIUS INSTITUTE OF



TRAINING AND DEVELOPMENT

Centre Name	9 :
Address	:
Telephone	: Fax :

APPLICATION FORM FOR ADMISSION

APPLICANT'S PERSONAL PARTICULARS	
SURNAME: (MR / MRS / MISS)	
OTHER NAME(s):	
MAIDEN NAME : (If applicable)	
ADDRESS:	
DOB: / / AG	E: GENDER: MALE FEMALE
NATIONALITY: N	
PHONE NO :	AOBILE:
	ESIDENCE/WORK PERMIT NO : If applicable)

COURSE APPLYING FOR COURSE TITLE LEVEL OF COURSE FULL-TIME(\nu) PART-TIME(\nu) APPRENTICESHIP SCHEME (\nu) 1st Choice Image: Course of the second seco

EDUCATION HISTORY

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

SN	YEAR	INSTITUTION(S) ATTENDED
1		
2		
3		

P.T.O

ONLINE APPLICATION ACCEPTED ON WEBSITE (www.mitd.mu)

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ACADEMIC QUALIFICATIONS:

Please tick (✓) *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

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 HIS IF YES, PLEASE GIVE DETAILS HERE

SPONSORSHIP			
Are you sponsored by any in	nstitution 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
Revised February 2017	ONLINE APPLICATION ACCEPTED	O ON WEBSITE (www.mitd.mu)	

DECLARATION OF APPLICANT

I,		the u	indersigned applicant hereby declare
that the above information	ion 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	r :

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:		
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HOW DO YOU KNOW ABOUT MITD COURSES?

Please tick (\checkmark)

Newspaper	🗌 Radio		MITD Website	🗌 Job Fair	Friends	Open Days	🗌 Talks	
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Others, please specify

FOR OFFICE USE

Processed on	:	Rejected / Selected (
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Checked by :....

Signature :

Delete as appropriate)