

MAURITIUS INSTITUTE OF TRAINING AND DEVELOPMENT

Head Office

1.	POST APPLIED FOR				DATE OF A	FOR OFFICIAL USE ONLY REF NO.			
2.	SURNAME (in block letters)			MA	AIDEN NAME applicable)	SINGLE OR MARRIED	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	OTHER NAMES (in block			LLE OR		 			
NATIO	ONAL ID:				MALE		 		
3.	FULL RESIDENTIAL ADDRESS (in block l			ers)		TELEPHONE NO: Home: Mobile: Office: Email:			
4.		AGE	į	PLA	ACE OF BIRTH	NATIO	ONALITY		
5.	SECONDARY INSTITUT	TIONS ATTEND	DED:						
 6.	DETAILED RESULTS OF CAMBRIDGE SCHOOL CERTIFICATE				DETAILED RESULTS OF LONDON GENER CERTIFICATE OF EDUCATION (O LEVEL				
	YEAR EXAMINATION CENTRE			EX	YEAR I	NTRE INDEX			
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SC:		AGGREGATE:							

	DETAILED RESULTS OF HIGHER SCHOOL CERTIFICATE					DETAILED RESULTS OF LONDON GENERAL CERTIFICATE OF EDUCATION (A LEVEL)							
	YEAR EXAMINATION CENTRE			RE	INDEX No							INDEX	
		No		No									
	SUBJECT PASSED					JAN OR JUNE							
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		AL/POSTGRA RTISEMENT.									DOWN	I IN THE	
				(Please a	ttach sta	atement if 1	necessary)					
10.	STATE	LANGUAGE	S SPOKEN	I AND/OI	R WRIT	ΓΤΕΝ:							

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11.	11. EMPLOYMENT/APPOINTMENT									
(a)	PRESENT EMPLOYMENT	ORGANISATION ADDRESS/TEL NO.	DATE OF PRESENT EMPLOYMENT/APPT.	PRESENT SALARY						
			! ! !	SALARY SCALE						
(b)	PREVIOUS EMPLOYMENT/ APPOINTMENT	ORGANISATION	NATURE OF WORK	FROM TO						
		(Please attach statement if n	i ecessary)							
12.	Have you ever been convicted of any criminal offence? Yes/No.									
13.	Have you ever resigned or been dismissed or discharged from the service of any employer? Yes/No.									
	If the answer to item(s) 12 and/or 13 is yes, please give details in an attached statement.									
14.	REFERENCES: LIST TWO PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE, WHO ARE FAMILIAR WITH YOUR CHARACTER AND QUALIFICATIONS.									
(a)	NAME:	(b)	NAME:							
	PROFESSION:		PROFESSION:							
	ADDRESS:		ADDRESS:							
	TEL. (OFFICE):		TEL. (OFFICE):							
(One of	the two persons to be a former Te	eacher/Head Teacher/Trainer	Lecturer etc.)							
<u>NB</u> .	PLEASE READ THE ADVERTISEMENT CAREFULLY: Incomplete, inadequate or inaccurate filling of the form may cause your elimination from consideration. It is an offence to give false information or to conceal any information on this form.									
	Please attach photocopies of birth certificate, examination certificate and any other papers. ORIGINALS TO BE PRODUCED WHEN REQUESTED.									
	I declare that the particulars in this application and in the sheets attached thereto, are true to the best of my knowledge and belief and that I have not willfully suppressed any material fact.									
Date:			Signature of Applic							
Date:	knowledge and belief and that I	have not willfully suppressed	any material fact.							

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