



**MAURITIAN / RODRIGUAN APPLICANTS**

**APPLICATION FOR ADMISSION  
INTAKE 2020**

DULT/BSC/BENG Programme

*This duly filled form must be accompanied by a copy of your (i) identity card and/or passport, (ii) birth certificate, (iii) academic/professional certificates and mark sheets, (iv) 3 recent passport size photos, (v) testimonial and/or letter of recommendation (optional). **Non-refundable** application fee: Rs 700 for residents.*

Web site: [www.udm.ac.mu](http://www.udm.ac.mu)

For Office use only	
App. N <sup>o</sup> .	<input style="width: 150px; height: 25px;" type="text"/>
Date Received:	.....
Signature :	.....

**1. PERSONAL DETAILS (PLEASE USE CAPITAL LETTERS)**

Surname	<input style="width: 985px; height: 25px;" type="text"/>
Other Name	<input style="width: 985px; height: 25px;" type="text"/>
Maiden name (if married)	<input style="width: 985px; height: 25px;" type="text"/>
National ID / Passport No	<input style="width: 450px; height: 25px;" type="text"/>
Place of Birth	<input style="width: 520px; height: 25px;" type="text"/>
Address for correspondence	<input style="width: 985px; height: 40px;" type="text"/>
Tel:  Home: Mobile Office:	<input style="width: 430px; height: 25px;" type="text"/>
	<input style="width: 430px; height: 25px;" type="text"/>
	<input style="width: 430px; height: 25px;" type="text"/>
Email	<input style="width: 470px; height: 25px;" type="text"/>

Please tick as appropriate

Date of Birth			Sex /Gender		Marital Status		Nationality
DD	MM	YYYY	Male	Female	Married	Single	
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

**2. STUDY MODE AND REQUESTED YEAR OF ENTRY:**

Please tick as appropriate

(i) <input type="checkbox"/> DUST/DIPLOMA	(ii) <input type="checkbox"/> FULL - TIME	(iii) <input type="checkbox"/> YEAR 1 / L1
<input type="checkbox"/> DULT/BSC	<input type="checkbox"/> PART - TIME	<input type="checkbox"/> YEAR 3/L3 / (Top up)
<input type="checkbox"/> BENG		

**COURSE APPLIED FOR (in order of preference)**

1.
2.
3.
4.

**3. EDUCATIONAL DETAILS** (Note: Qualifications obtained *after* the closing date will **not** be considered)

Details of Secondary schools and / or other Educational Institutions attended:

INSTITUTIONS	ENTERED		LEFT	
	Month	Year	Month	Year
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**COLLEGE, ACADEMIC AND PROFESSIONAL RESULTS**

**NOTE: Original one should be presented on registration day at the University.**

	SC/ GCE "O" LEVEL RESULTS	GRADES (e.g. 1, 2, 3 or A, B, C, .....)			For Office use only
	Date of attempt (Month / Year) →				
	SUBJECTS	1 <sup>st</sup> Attempt	2 <sup>nd</sup> Attempt	3 <sup>rd</sup> Attempt	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

HSC/ GCE A-LEVEL RESULTS		GRADES (e.g. 1, 2, 3 or A, B, C, .....)			For Office use only
Date of attempt (Month / Year) →					
SUBJECTS		1 <sup>st</sup> Attempt	2 <sup>nd</sup> Attempt	3 <sup>rd</sup> Attempt	
<b>PRINCIPAL / ADVANCED LEVEL</b>					
1.					
2.					
3.					
<b>SUBSIDIARY LEVEL</b>					
1.	General Paper				
2.					
3.					
4.					

**4. OTHER ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

(Note: Qualifications obtained **after** the closing date will **not** be considered)

	Courses/Programmes	Institutions	Grade Awarded	Duration	
				From	To
1.					
2.					
3.					

5. Give all relevant information about **previous and present employment**, if applicable. If you are not in any employment, give details of any **relevant industrial training** you might have done during your studies at school.

From		To		Name & Address of Employer/Firm	Position Held	Job Description
Month	Year	Month	Year			

**6. THIS SUB-SECTION SHOULD BE FILLED IN IF THE APPLICANT IS EMPLOYED.**

**DETAILS OF EMPLOYER:**

Name: ..... Phone N°: .....  
 Address: ..... Mobile N°: .....  
 ..... Fax N°: .....  
 Attached Ministry (if Govt. Job): ..... Email: .....  
 .....  
 Sponsored  Released  Release in process  (Please tick as appropriate)

**NOTE:** You must attach a letter from the employer certifying your employment with him.

**DECLARATION OF EMPLOYER**

I/ We hereby agree to Mr/Mrs/Miss ..... applying to the courses indicated in this application form at the Université des Mascareignes and I/ We undertake to release him/ her to follow the said course if he/ she is selected.

Name: ..... **SEAL OF EMPLOYER**  
 Position .....  
 Signature ..... Date ...../...../.....

Have you any particular career in view? Yes  No

If yes, please specify: .....

**7. THIS SECTION SHOULD BE FILLED IN BY YOUR PARENT/GUARDIAN IF YOU ARE UNDER 18 YEARS OF AGE**

Name of parent/guardian: ..... Phone N°: .....  
 Address: ..... Mobile No: .....  
 Occupation: ..... Fax No: .....  
 Email: .....

**DECLARATION OF PARENT/GUARDIAN**

I/we, ....., parent/guardian of Mr/Miss/Mrs ....., hereby consent to him/her applying to the courses in this form and agree to be bound with him/her for the execution thereof.

Date ..... / ..... / .....

Signature .....

**8. OBTENTION OF A FIRST CERTIFICATE, DIPLOMA OR AN UNDERGRADUATE DEGREE**

Are you already holder of a certificate, diploma or undergraduate degree? (Please tick as appropriate)

No  Yes

If yes please provide details of the obtention of the certificates, including the year and the institution/University attended:.....

**9. THIS SECTION MUST BE FILLED IN BY ALL APPLICANTS**

I, Mr/Miss/Mrs....., solemnly declare that if admitted to the University, I will diligently follow the course of study for which I am selected till its termination, that I will inform the University in writing and without delay if I withdraw from the course and that I will conform to all rules and regulations of the University. I certify that I will pay in advance all fees and dues required and I also declare that all the above given information is true and correct.

Date ..... / ..... / .....

Signature .....

**OFFICE USE ONLY**

Administration department	Finance department					
Verified by:	Receipt N°. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Name:.....	Name: .....					
Signature:.....	Date: ...../...../.....					
Date:...../...../.....	Amount: Rs.....					
Remarks:.....	Signature: .....					