



APPLICATION FOR ADMISSION
Intake 2023 – Undergraduate courses

LOCAL APPLICANTS

For Office use only

App. N° :

1. Personal Details (PLEASE USE CAPITAL LETTERS)

Surname:	<input type="text"/>	Date of Birth
		day month year
Other Names:	<input type="text"/>	<input type="text"/>
Maiden Name: <i>(if married)</i>	<input type="text"/>	Phone
National Id/Passport No	<input type="text"/>	Home: <input type="text"/>
E-mail address:	<input type="text"/>	Mobile: <input type="text"/>
Place of Birth:	<input type="text"/>	Office: <input type="text"/>
Address for correspondence	Line 1	<input type="text"/>
	Line 2	<input type="text"/>
	Town/Village	<input type="text"/>

Gender	Marital Status	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Details of courses applied

Course Level	Mode of study	Entry Level
<input type="text"/>	<input type="text"/>	<input type="text"/>

Courses applied for (in order of preference)

1.
2.
3.

FBM – Faculty of Business & Management (FBM-facbm@udm.ac.mu)
FICT – Faculty of Information & Communication Technology (FICT-facit@udm.ac.mu)
FSDE – Faculty of Sustainable Development & Engineering (FSDE-facsde@udm.ac.mu)

3. Educational Details (Note: Qualifications obtained after the closing date will not be considered)

Details of Secondary schools and/or other Educational Institutions attended

Institution	Entered		Left	
	Month	Year	Month	Year

Academic and Professional Results

Note: Originals will have to be presented on registration day at the University

	SC/GCE "O" LEVEL Results	GRADES (e.g. A, B, C,...)		For Office Use Only
	Date of Attempt (Month/Year)			
	SUBJECTS	1 st Attempt	2 nd Attempt	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

	HSC/GCE "A" LEVEL Results	GRADES (e.g. A, B, C,...)		For Office Use
	Date of Attempt (Month/Year)			
	SUBJECTS	1 st Attempt	2 nd Attempt	
PRINCIPAL / ADVANCED LEVEL				
1				
2				
3				
SUBSIDIARY LEVEL				
1				
2				
3				
4				

In case you have taken other examinations equivalent to the HSC/GCE 'A' Level, please complete the following section

Results of type:

Speciality (e.g. ELT):

Grades:

4. Other Academic and Professional Qualifications

	Courses/Programmes	Institutions	Grade Awarded	Duration	
				From	To
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

From	To	Name & Address of Employer / Firm	Position Held	Job Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. This Sub-Section should be filled if the applicant is currently EMPLOYED.

Details of Employer

Name:	<input type="text"/>	Phone N°:	<input type="text"/>
Address:	<input type="text"/>	Mobile N°:	<input type="text"/>
		Fax No:	<input type="text"/>
Ministry (if public sector)	<input type="text"/>	Email:	<input type="text"/>

7. Student Disclosure/Undertaking under FTES(Free Tertiary Education System)

Have you benefited previously from the FTES ? No Yes

If 'Yes', please provide details below:

Number of years benefitting from FTES

8. This Section must be filled by all applicants

I, , 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

<u>Administration Department</u>	<u>Finance Department</u>					
Verified by:	Receipt No:					
Name:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Signature:	Name:					
Date:/...../.....	Date:/...../.....					
Remarks:	Amount: Rs					
	Signature:					