

APPLICATION FOR ADMISSION ACADEMIC YEAR 2025-26

PHOTO

A. DETAILS OF APPLICANT

- Title: Mr ☐ Mrs ☐ Miss ☐
- Surname: _____
- First Name: _____
- Maiden Name (If applicable): _____
- Date of Birth:

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Age: _____
- Nationality: _____
- Identification:

NIC No.

<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"/>
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 Passport No.

<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"/>
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- Residential Address: _____

- Telephone (H): _____ Telephone (M): _____
- Email Address: _____

B. PROGRAMME OF STUDY APPLIED FOR (In order of priority)

SN	Programme Titles	Full-Time	Part-Time
1			
2			
3			

C. ACADEMIC RECORDS

Please attach certified copies of all your qualifications and academic transcripts.

1. Cambridge School Certificate / 10th Standard

Year: _____ Index/Registration No: _____

SN	Subjects	Grades

2. GCE 'O' Level (if applicable)

Year: _____ Index/Registration No: _____

SN	Subjects	Grades

3. Cambridge Higher School Certificate / 12th Standard

Year: _____ Index/Registration No: _____

SN	Main Subjects	Grades
SN	Subsidiary Subjects (if applicable)	Grades

4. GCE 'A' Level (if applicable)

SN	Main Subjects	Grades

5. Other Secondary / High School Qualifications (if applicable)

Year: _____ Index/Registration No: _____

SN	Course / Programme	Awarding Body	Grades Awarded	Year	Duration

6. Post-Secondary Education

Duration		Post-Secondary Institution / University	Qualifications Obtained	Main Subject Area	Grades Awarded (Specify Class / Division / Honours)
From	To				

NOTE: Applicants whose studies were not in English medium should submit an attestation of proficiency in English which is internationally recognised, either an IELTS or a TOEFL score or similar.

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Attached attestation of IELTS or TOEFL test or similar.

D. PAYMENT OF APPLICATION FEE

A. For online application

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Attached proof of payment (transfer slip from bank)

NOTE: Bank details of JSS Academy of Higher Education and Research (Mauritius)

Name of Bank: Bank of Baroda

Branch: Head Office, Port Louis

Account No.: 90310200004706

Swift Code: BARBMUMU

IBAN: MU33BARB0231000200004706000MUR

B. For direct application, submit bank draft together with the application form to JSS Academy of Higher Education and Research (Mauritius), Avenue Droopnath Ramphul, Bonne Terre, Vacoas.

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Attached Bank Draft No. for MUR 1,000 / USD 30 in favour of JSS Academy of Higher Education and Research (Mauritius)

E. DECLARATION OF APPLICANT

Please read and sign the following applicant certification.

This application is not valid unless signed and dated.

- I, _____ solemnly declare that if admitted to JSS Academy of Higher Education and Research (Mauritius), I will
 - Diligently follow the Programme of Study for which I am enrolled until its termination;
 - Inform the CEO, in writing and without delay, if I withdraw from the Programme;
 - Conform to all the rules and regulations of JSS Academy of Higher Education and Research (Mauritius);
 - Pay in advance all fees and dues required until the completion of my studies;
 - Incur the cost of recovering any additional outstanding balance due to JSS Academy of Higher Education and Research (Mauritius);
 - Inform the Institution if I am suffering from any illness or incapacity.
- I acknowledge that JSS Academy of Higher Education and Research (Mauritius) reserves the right to seek information from any relevant bodies as to the standing of my claimed qualifications and experience and to reserve any decision regarding the admission made on the basis of incorrect or incomplete information.
- I do not have any physical disability / I have the following disabilities
- I acknowledge that the submission of incorrect or incomplete information may result in the withdrawal of any offer and / or cancellation of enrolment at any stage.
- I acknowledge that it is my responsibility to provide all relevant and required documentary evidence of my qualifications and experiences.
- I declare that the above information provided is true and correct.

F. APPLICATION CHECKLIST

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Completed all relevant sections of this form | <input type="checkbox"/> | 3. Attached evidence of my name change (if applicable) | <input type="checkbox"/> |
| 2. Attached certified copies of my qualifications | <input type="checkbox"/> | 4. Signed and dated the applicant declaration Section E above | <input type="checkbox"/> |

5. Medical Fitness Certificate

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6. Character Certificate

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Date: _____ Applicants' Signature: _____

Note:

- a) JSS Academy of Higher Education and Research (Mauritius) reserves the right not to run the above programme.
b) Registration with the Medical Council of Mauritius will be done after the successful completion of the MBBS Programme.

G. AGENTS – (ONLY if application is made through an Agent)

Agent Name: _____
Contact Details:
Address: _____
Email Address: _____ Telephone: _____
Name of Contact Person: _____

H. FOR OFFICE USE ONLY

ACADEMIC DOCUMENTS

O Level Certificate / Transcript / 10th Standard ☐ A Level Certificate / Transcript / 12th Standard ☐
Others (Please specify) ☐ Post-Secondary Qualifications ☐

IDENTIFICATION DOCUMENTS

Birth Certificate ☐ Passport Data Sheets ☐
National ID Card ☐ Two Photographs ☐

APPLICATION FEES

Paid ☐ Not Paid ☐

ELIGIBILITY

Eligible ☐ Not Eligible ☐

ACKNOWLEDGEMENT

Sent on: ____ / ____ / ____

ADMIN OFFICER: _____

SIGNATURE: _____

DATE: ____ / ____ / ____

SEAL