



# JSS ACADEMY OF HIGHER EDUCATION AND RESEARCH MAURITIUS

**A degree awarding institution registered with the Higher Education Commission, Mauritius**

# **APPLICATION FOR ADMISSION**

## **ACADEMIC YEAR 2025-26**

## PHOTO

## A. DETAILS OF APPLICANT

1. Title: Mr  Mrs  Miss

2. Surname: \_\_\_\_\_

3. First Name: \_\_\_\_\_

4. Maiden Name (If applicable): \_\_\_\_\_

5. Date of Birth: 

Day	Month	Year

 Age: \_\_\_\_\_

6. Nationality: \_\_\_\_\_

7. Identification:   
NIC No. 

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 Passport No. 

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8. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

9. Telephone (H): \_\_\_\_\_ Telephone (M): \_\_\_\_\_

10. 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 / 10<sup>th</sup> Standard

Year: \_\_\_\_\_ Index/Registration No: \_\_\_\_\_

## 2. GCE 'O' Level (if applicable)

Year: **Index/Registration No:**

### 3. Cambridge Higher School Certificate / 12<sup>th</sup> 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.

Attached attestation of IELTS or TOEFL test or similar.

## D. PAYMENT OF APPLICATION FEE

A. For online application

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.

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.

1. I, \_\_\_\_\_ solemnly declare that if admitted to JSS Academy of Higher Education and Research (Mauritius), I will
  - a) Diligently follow the Programme of Study for which I am enrolled until its termination;
  - b) Inform the CEO, in writing and without delay, if I withdraw from the Programme;
  - c) Conform to all the rules and regulations of JSS Academy of Higher Education and Research (Mauritius);
  - d) Pay in advance all fees and dues required until the completion of my studies;
  - e) Incur the cost of recovering any additional outstanding balance due to JSS Academy of Higher Education and Research (Mauritius);
  - f) Inform the Institution if I am suffering from any illness or incapacity.
2. 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.
3. I do not have any physical disability / I have the following disabilities .....
4. 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.
5. I acknowledge that it is my responsibility to provide all relevant and required documentary evidence of my qualifications and experiences.
6. I declare that the above information provided is true and correct.

## F. APPLICATION CHECKLIST

1. Completed all relevant sections of this form
2. Attached certified copies of my qualifications
3. Attached evidence of my name change (if applicable)
4. Signed and dated the applicant declaration Section E above

5. Medical Fitness Certificate

6. Character Certificate

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 / 10<sup>th</sup> Standard**

**A Level Certificate / Transcript / 12<sup>th</sup> 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**