

**APPLICATION FOR ADMISSION
ACADEMIC YEAR 2023 - 2024**



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. Details of Academic Record

Year: _____ Index No: _____

| SN | Course / Programme | Awarding Body | Grades Awarded | Year | Duration |
|----|--------------------|---------------|----------------|------|----------|
| | | | | | |
| | | | | | |
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2. Post-Secondary Education

| Duration | | Post-Secondary Institution / University | Qualifications Obtained | Main Subject Area | Grades Awarded (Specify Class / Division / Honours) |
|----------|----|---|-------------------------|-------------------|---|
| From | To | | | | |
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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. Research Experience and Research Interest

A. Details of the UG/PG/M. Phil/ any other project/ thesis/dissertation

| Name of the University/ Institute | Year of submission | Name of the supervisor | Title |
|-----------------------------------|--------------------|------------------------|-------|
| | | | |
| | | | |
| | | | |

B. Total number of publications & List of Publications*, if any

(*Attach a separate sheet; * give title of paper, name of author(s), journal name, volume, page(s) and year)

C. Mention three areas of your research interest in order of preference:

1..... 2..... 3.....

(Or)

D. Brief note of the proposed research (not exceeding one page as separate page)

E. Please mention if the candidate has already contacted preferred guide and department.

Name of the proposed guide.....

Name of the department

E. EMPLOYMENT INFORMATION

| Duration | | Company/Employer | Position and Duties |
|----------|----|------------------|---------------------|
| From | To | | |
| | | | |
| | | | |
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F. 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)

G. 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 completion;
 - 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.

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.

H. 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 along with CV as separate attachment | <input type="checkbox"/> | 4. Signed and dated the applicant declaration Section G above | <input type="checkbox"/> |

Date: _____ Applicants' Signature: _____

Note: JSS Academy of Higher Education and Research (Mauritius) reserves the right not to run the above programme.

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

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

J. FOR OFFICE USE ONLY

ACADEMIC DOCUMENTS

- | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|
| O Level Certificate / Transcript | <input type="checkbox"/> | A Level Certificate / Transcript | <input type="checkbox"/> |
| Others (Please specify) | <input type="checkbox"/> | Post-Secondary Qualifications | <input type="checkbox"/> |

IDENTIFICATION DOCUMENTS

- | | | | |
|-------------------|--------------------------|----------------------|--------------------------|
| Birth Certificate | <input type="checkbox"/> | Passport Data Sheets | <input type="checkbox"/> |
| National ID Card | <input type="checkbox"/> | Two Photographs | <input type="checkbox"/> |

APPLICATION FEES

- | | | | |
|------|--------------------------|----------|--------------------------|
| Paid | <input type="checkbox"/> | Not Paid | <input type="checkbox"/> |
|------|--------------------------|----------|--------------------------|

ELIGIBILITY

- | | | | |
|----------|--------------------------|--------------|--------------------------|
| Eligible | <input type="checkbox"/> | Not Eligible | <input type="checkbox"/> |
|----------|--------------------------|--------------|--------------------------|

ACKNOWLEDGEMENT

Sent on: ____/____/____

ADMIN OFFICER: _____
 SIGNATURE: _____
 DATE: ____/____/____

