



REPUBLIC OF MAURITIUS

SCIENCE AND TECHNOLOGY

MINISTRY OF EDUCATION, TERTIARY EDUCATION,

Mauritius-Africa Scholarship Application Form for Postgraduate Programmes

2021 Edition

For Office Use Only

Reference Number	
Received on	
Received by	

MAURITIUS-AFRICA SCHOLARSHIP

The Government of Mauritius is awarding scholarships to deserving students who are resident citizens of member states of the African Union or of an African Commonwealth country to pursue higher studies in a registered public Higher Education Institution (HEI) in Mauritius.

The duly completed application form should be submitted through the *Nominating Agency* of the respective countries. A list of Nominating Agencies can be found on the website of this Ministry at <http://ministry-education.govmu.org/English/educationsector/Pages/Tertiary-Education.aspx>

No direct application to the Mauritian Ministry of Education, Tertiary Education, Science & Technology will be entertained.

APPLICATION CHECKLIST

Application Form (Section 1 to 6)duly filled	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>
Copy of biodata page of passport, if available	<input type="checkbox"/>
Copies of all educational certificates	<input type="checkbox"/>
Copies of transcripts of educational certificates	<input type="checkbox"/>
Detailed study/research plan (750 words for Masters and 1500 words for MPhil/PhD)	<input type="checkbox"/>
Supporting statement from a named supervisor (for MPhil/PhD applicants)	<input type="checkbox"/>
Endorsement by Nominating Agency (Section 5)	<input type="checkbox"/>
Medical certificate filled and signed by a Registered Medical Practitioner (Section 6)	<input type="checkbox"/>
Copy of letter of conditional offer by a publichigher education institution in Mauritius OR copy of acknowledgement notice from the HEI	<input type="checkbox"/>

ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION FORM

Further information

A list of the registered public HEIs offering full-time on-campus higher education programmes can be found at **Section 8** of the *Guidelines for Applicants* or from the website of Higher Education Commission http://www.tec.mu/public_institutions

SECTION ONE: PERSONAL INFORMATION

Your family name and other names should be the same as the official names on your passport or birth certificate.

First Name(s)
(in BLOCK letters)

Attach a recent passport sized photograph of yourself

Family Name (Surname)
(in BLOCK letters)

Gender

MALE FEMALE

Date of Birth
(dd/mm/yyyy)

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Place of Birth

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Country of citizenship

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Please list second country if you have dual citizenship

2nd Country of citizenship

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Passport Number

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Passport expiry
(dd/mm/yyyy)

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Indicate whether you suffer from any illness or disability that might affect your ability to participate in the proposed study programme (e.g. epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.)

YES

NO

A 'YES' answer will not affect your chances of obtaining a scholarship.

If you have answered 'YES', provide brief details of the illness or disability and any special requirements or support you may require to complete your programme of study on a separate sheet of paper. Please attach a copy of your doctor's assessment of your needs.

YOUR CONTACT DETAILS

Please provide an address at which the outcome of this application can be communicated to you.

Full Address
(in BLOCK letters)

Home Phone Number
(including country code)

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Mobile Phone Number
(including country code)

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Email Address

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EMERGENCY CONTACT DETAILS

Person to be contacted in case of emergency, if different from the above.

Name <i>(in BLOCK letters)</i>	<input type="text"/>
Relationship to you <i>(in BLOCK letters)</i>	<input type="text"/>
Full Address <i>(in BLOCK letters)</i>	<input type="text"/>
Home Phone Number <i>(including country code)</i>	+ <input type="text"/>
Mobile Phone Number <i>(including country code)</i>	+ <input type="text"/>
Email Address	<input type="text"/>

SECTION TWO: DETAILS OF ACADEMIC QUALIFICATIONS

Certified copies of academic qualifications, together with the mark sheets, must be provided. The qualifications are to be listed in chronological order.

State qualifications obtained at Secondary School Level prior to end of secondary qualification and the Awarding Body

(eg Higher School Certificate/ Cambridge CIE, GCE Advanced Level/ Cambridge CIE, Baccalaureate/ IB Geneva., etc):

Qualification: / Awarding Body:

SUBJECTS	GRADES/MARKS

Name of Institution

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Address of Institution

Start Date
(mm/yyyy)

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End Date
(mm/yyyy)

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State Qualifications obtained at end of Secondary School Level and the Awarding Body

(eg School Certificate/ Cambridge CIE , GCE Ordinary Level/Cambridge CIE , GCSE/ Edexcel, Diplôme National du Brevet/NCFE., etc):

Qualification: / Awarding Body:

SUBJECTS	GRADES/MARKS

List details of relevant academic distinctions or prizes received, if any.

Name of Institution

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Address of Institution

Start Date
(mm/yyyy)

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End Date
(mm/yyyy)

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State any scholarships previously received, if any. (Provide details such as duration of the scholarship(s), the qualification or course undertaken, and the date completed.)		State qualification obtained at Higher Education Level:									
Name of Award (e.g BSc (Hons) Biology)											
Name of Institution											
Address of Institution											
Grade Achieved (e.g 1 st Class)										
CPA/GPA or Percentage Achieved		GPA : Or Percentage Achieved :%									
Start Date (mm/yyyy)						End Date (mm/yyyy)					
State any other qualifications obtained at tertiary level(attach additional sheets if required):											
SN	Awarding Body	Name of Award				Start Date	End Date	Grade Achieved			
1											
2											
3											

SECTION THREE: PROPOSED COURSE OF STUDY

Provide details of the public Higher Education Institution(s) and programme(s) of study you have applied for in Mauritius.

*Copy of a **letter of offer/acknowledgement notice** from the public Higher Education Institution(s) must accompany this application. The information below must match the information in the correspondence from the Higher Education Institution(s).*

NAME OF HIGHER EDUCATION INSTITUTION	PROGRAMME OF STUDY	COURSE CODE

SECTION FOUR: DECLARATION

CONDITIONS OF THE SCHOLARSHIP

If I am awarded a scholarship under the Mauritius-Africa Scholarship Scheme, I agree that the scholarship may be terminated if I do not comply with the conditions attached to it. I will also abide by the '**Guidelines for Applicants**' and understand that I:

- will be eligible for tuition fees (paid directly to the HEI) as per grid below;

SN	Beneficiaries from	Applicable Rate	Tuition Fee paid up to
1	SADC Countries	Local Fees	MUR100,000
2	Non-SADC Countries	International Fees	MUR160,000

(as at 18 January 2021, 1 USD – MUR 39.55)

- will be eligible for an assistance to meet living expenses of not more than **MUR12,500** monthly;
- will be eligible for refund of the student airfare (economy class) by the most economical route to Mauritius at the start, and airfare to my home country upon successful completion of studies;
- will accept the scholarship only for the approved study programme for which it is offered and that **no changes whatsoever will be allowed**;
- will comply with the rules and regulations of the Higher Education Institution;
- will agree to the disclosure of information pertaining to my academic progress to the relevant Mauritian authorities for administrative purposes;
- will have to comply with all the laws of Mauritius, including immigration laws, and I will be solely responsible for my actions;
- will leave Mauritius at the end of my studies;

DECLARATION

This section must be completed and signed by the applicant.

Note that incomplete, inadequate or inaccurate filling of the form may result in the applicant's elimination from consideration. Any false information given or concealment of any relevant information may lead to termination of the scholarship.

I,(full name), the undersigned, declare that the particulars in this application are true and accurate, and that I have not willfully suppressed any material fact.

Date:Signature:

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SECTION FIVE: NOMINATING AGENCY ENDORSEMENT

This section is to be completed by an authorised officer of the **Nominating Agency** in the country of citizenship of the applicant.

As the Nominating Agency on behalf of the Government in the country of origin of the applicant,
I nominate (fill in Name of Applicant):

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for a **Mauritius-Africa Scholarship** on behalf of the Government of: (fill in Country name)

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Name of Authorising Officer	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 15px;"></td></tr> <tr><td style="width: 100%; height: 15px;"></td></tr> </table>		
Name of Official Nominating Agency (e.g Ministry of Education)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 15px;"></td></tr> <tr><td style="width: 100%; height: 15px;"></td></tr> </table>		
Position	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 15px;"></td></tr> <tr><td style="width: 100%; height: 15px;"></td></tr> </table>		
Email	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 15px;"></td></tr> </table>		
Website (if any)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 15px;"></td></tr> </table>		
Signature			
Date//..... dd/mm/yyyy		

Official Stamp/Seal	
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SECTION SIX: MEDICAL CERTIFICATE
(To be filled by a Registered Medical Practitioner)

1. PERSONAL DETAILS OF CANDIDATE

Surname			
Other Names			
Date of Birth		Gender	
Nationality		Passport No.	
Occupation			

2. MEDICAL EXAMINATION

General Medical Examination	
Cardiovascular System	
Respiratory System	
Alimentary System	
Urinary System	
Central Nervous System	
Past Medical History <i>(please give details, if any)</i>	
Any Others <i>(Please give details, if any)</i>	

3. ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)

4. DECLARATION

I hereby declare that this applicant is **NOT** suffering from any infectious or communicable disease.

SEAL OF
DOCTOR OR
MEDICAL

Full Name of Doctor			
Address (City and Country)			
Tel No.		Fax No.	
Email			
Signature		Date	