

# Mauritius Marathi Cultural Centre Trust

1<sup>st</sup> Floor, Maharashtra Bhawan, Pandit Sahadeo Square, Moka [Tel:4331167](tel:4331167) Fax: 4331177 Mobile: 5253 5477

## Application Form

<b>Post Applied for</b>					
<b>Title:</b>		<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Please tick (✓) as appropriate			
<b>Surname</b> (in block letters)					
<b>Other Names</b> (in block letters)					
<b>Maiden Name</b> (if applicable)					
<b>National Identity No.</b>					
<b>Marital Status</b>		Married <input type="checkbox"/> Single <input type="checkbox"/> Other: .....			
<b>Residential Address</b> (in block letters)					
<b>Phone No</b>	<b>Office</b>	<b>Home</b>	<b>Mobile</b>	<b>Email address</b>	
<b>Date of birth:</b>		<b>Age:</b>		<b>Nationality:</b>	

Secondary Ordinary Level					
State whether Cambridge S. C. or Cambridge G.C.E. or London General Certificate of Education (Ordinary Level)					
.....			.....		
Month/Year	Exam Centre No.	Index No.	Month/Year	Exam Centre No.	Index No.
Subject		Grade	Subject		Grade

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<b>Secondary Advanced Level</b>					
State whether Cambridge H. S. C. or Cambridge G.C.E. or London General Certificate of Education (A Level)					
<b>Month/Year</b>	<b>Exam Centre No.</b>	<b>Index No.</b>		<b>Month/Year</b>	<b>Exam Centre No.</b>
<b>Subject</b>		<b>Level</b>	<b>Grade</b>	<b>Subject</b>	
<i>Level – Principal, Subsidiary, Advanced Subsidiary</i>			<i>Level – Principal, Subsidiary, Advanced Subsidiary</i>		

<b>Other Secondary Qualifications</b> (e.g. Baccalaureat, Matriculation, Secondary & Higher Secondary Certificates from Overseas).			
<b>Note :</b> Attach photocopies of mark sheets/result slips and equivalence of certificates (if available)			
<b>Examining Body:</b>			
<b>Country:</b>		<b>Year:</b>	
<b>Certificate:</b>			
<b>Subject</b>	<b>Grade</b>	<b>Marks</b>	<b>Percentage</b>

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**TECHNICAL AND VOCATIONAL QUALIFICATIONS** (e.g. Typing and shorthand, B.A.P., Technician Certificate, I.V.T.B. Certificate (NTC) etc.) (Attach photocopies of mark sheets)

**Name of University/Examining Body:**

**Country:**

<b>Duration of Course/Study:</b>	<b>From:</b>	<b>To:</b>	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	<b>Distance Education</b> <input type="checkbox"/>
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**Specify**

(i) **Exact qualifications obtained:**.....

(ii) **Class/Division/Level:**.....

(iii) **Date of Result:**.....

**Subjects** (State whether main/subsidiary/major etc where applicable)


**DIPLOMA QUALIFICATIONS** (Below Degree Level) (Attach photocopies of mark sheets)

**Name of University/Examining Body:**

**Country:**

<b>Duration of Course/Study:</b>	<b>From:</b>	<b>To:</b>	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	<b>Distance Education</b> <input type="checkbox"/>
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**Specify**

(i) **Exact qualifications obtained:**.....

(ii) **Class/Division/Level:**.....

(iii) **Date of Result:**.....

**Subjects** (State whether main/subsidiary/major etc where applicable)


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<b>DEGREE/PROFESSIONAL QUALIFICATIONS</b> <i>(Attach photocopies of mark sheets)</i>					
<b>Name of University/Examining Body:</b>					
<b>Country:</b>					
<b>Duration of Course/Study:</b>	<b>From:</b>	<b>To:</b>	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	<b>Distance Education</b> <input type="checkbox"/>
<b>Specify</b>					
(i) <b>Exact qualifications obtained:</b> .....					
(ii) <b>Class/Division/Level:</b> .....					
(iii) <b>Date of Result:</b> .....					
<b>Subjects</b> <i>(State whether main/subsidiary/major etc where applicable)</i>					

<b>POST DEGREE</b> <i>(Attach photocopies of mark sheets)</i>					
<b>Name of University/Examining Body:</b>					
<b>Country:</b>					
<b>Duration of Course/Study:</b>	<b>From:</b>	<b>To:</b>	<b>Part Time</b> <input type="checkbox"/>	<b>Full Time</b> <input type="checkbox"/>	<b>Distance Education</b> <input type="checkbox"/>
<b>Specify</b>					
(i) <b>Exact qualifications obtained:</b> .....					
(ii) <b>Class/Division/Level:</b> .....					
(iii) <b>Date of Result:</b> .....					
<b>Subjects</b> <i>(State whether main/subsidiary/major etc where applicable)</i>					

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**Other Qualifications as laid down in the advertisement** (e.g. *Driving License (Specify type), First Aid, IT, etc. (Specify date)*)

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**Experience and skills relevant to the post applied for** (Attach documentary evidence)

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### PRESENT EMPLOYMENT

<i>Post</i>	<i>Name and Address of employer</i>	<i>Temporary/substantive</i>	<i>Date joined</i>

### PREVIOUS EMPLOYMENT

<i>Post/s</i>	<i>Name and Address of employer</i>	<i>From</i>	<i>To</i>

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**Have you been the subject of an investigation/enquiry for any offence during the last 10 years?**

Answer Yes or No ..... If Yes, indicate nature of offence and date of outcome.

**Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?**

Answer Yes or No ..... If Yes, give details (court, charge, date of judgment and sentence – e.g. imprisonment, fine, caution or conditional discharge).

**IMPORTANT - PLEASE READ THE ADVERTISEMENT CAREFULLY: Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his appointment.**

### DECLARATION

I, .....the undersigned applicant, 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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