

REPUBLIC OF MAURITIUS

MINISTRY OF EDUCATION, TERTIARY EDUCATION,

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| SCIENCE AND TECHNOLOGY |
| Mauritius-Africa Scholarship  Application Form for Postgraduate Programmes  2023 Edition |
| *For Office Use Only* |

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| Reference Number |  |
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| **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 <https://education.govmu.org/Pages/Mauritius-Africa-Scholarships-2020.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 |  | | Copy of Birth Certificate |  | | Copy of biodata page of passport, if available |  | | Copies of all educational certificates |  | | Copies of transcripts of educational certificates |  | | Abridged Research plan |  | | Supporting statement from a named supervisor (for MPhil/PhD applicants) |  | | Endorsement by Nominating Agency (**Section 5**) |  | | Medical certificate filled and signed by a Registered Medical Practitioner (**Section 6**) |  | | Copy of letter of conditional offer by a public higher education institution in Mauritius **OR** copy of acknowledgement notice from the HEI |  |   **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(<https://www.hec.mu/hei>) | | | | | | |
| **SECTION ONE: PERSONAL INFORMATION** | | | | | | |
| *Your family name and other names should be the same as the official names on your passport or birth certificate.* | | | | *Attach a recent passport sized photograph of yourself* | | |
| **First Name(s)**  *(in BLOCK letters)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Family Name (Surname)**  *(in BLOCK letters)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Gender** | 🞎 MALE 🞎 FEMALE | **Date of Birth**  *(dd/mm/yyyy)* | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | |
| **Place of Birth** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | |
| **Country of citizenship** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | *Please list second country if you have dual citizenship* | | |
| **2nd Country of citizenship** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Passport Number** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | **Passport expiry**  *(dd/mm/yyyy)* | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | |  |
| Indicate whether you have any conditions that might affect your ability to participate in the proposed study programme (*e.g. Pregnancy, epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.*)  **A ‘***YES***’ answer will not affect your chances of obtaining a scholarship.** | | | | | * YES * NO | |
| If you have answered ‘YES’, provide brief details of the condition(s) 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. | | | | | | |

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| **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)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Mobile Phone Number**  *(including country code)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Email Address** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **EMERGENCY CONTACT DETAILS**  Person to be contacted in case of emergency, if different from the above. | |
| **Name**  *(in BLOCK letters)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Relationship to you**  *(in BLOCK letters)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Full Address**  *(in BLOCK letters)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Home Phone Number**  *(including country code)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Mobile Phone Number**  *(including country code)* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Email Address** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **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** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Address of Institution** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Start Date**  *(mm/yyyy)* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | **End Date**  *(mm/yyyy)* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **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** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | |
| **Name of Institution** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Address of Institution** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Start Date**  *(mm/yyyy)* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | **End Date**  *(mm/yyyy)* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |

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| List details of relevant academic distinctions or prizes received, if any. |  |
| List any scholarships previously received, if any.  (*Provide details such as duration of the scholarship(s), the qualification or course undertaken, and the date completed*.*)* |  |

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| **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 1st 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 |  |  |  |  |  | | | | |

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| **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*** *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).* |

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| NAME OF HIGHER EDUCATION INSTITUTION | | PROGRAMME OF STUDY | | COURSE CODE |
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| **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 | Total fee payable up to | | 1 | SADC Countries | Local Fees | MUR100,000 | | 2 | Non-SADC Countries | International Fees | MUR160,000 |   (as at 15 November 2022, 1 USD = MUR 44.25)   * will be eligible for an assistance to meet living expenses of not more than **MU14,200** 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: …………………………….. | |
| **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):   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   for a **Mauritius-Africa Scholarship** on behalf of the Government of: (fill in Country name)     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Name of Authorising Officer** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Name of Official Nominating Agency (e.g Ministry of Education)** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Position** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Email** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Website** (if any) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **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** | |  | | | | | | | |
| 1. **MEDICAL EXAMINATION** | | | | | | | | | |
| **General Medical Examination** | | | |  | | | | | |
| **Cardiovascular System** | | | |  | | | | | |
| **Respiratory System** | | | |  | | | | | |
| **Alimentary System** | | | |  | | | | | |
| **Urinary System** | | | |  | | | | | |
| **Central Nervous System** | | | |  | | | | | |
| **Past Medical History** *(please give details, if any)* | | | |  | | | | | |
| **Pregnancy** | | | |  | | | | | |
| **Any Others**  (Please give details, if any) | | | |  | | | | | |
| 1. **ADDITIONAL REMARKS OR INVESTIGATIONS, (IF ANY)** | | | | | | | | | |
|  | | | | | | | | | |
| 1. **DECLARATION** | | | | | | | | |
| **SEAL OF DOCTOR OR MEDICAL INSTITUTION**  I hereby declare that this applicant is **NOT** suffering from any infectious or communicable disease. | | | | | | | | |
| **Full Name of Doctor** | | |  | | | | | |
| **Address (City and Country)** | | |  | | | | | |
| **Tel No.** |  | | | | **Fax No.** | |  | |
| **Email** |  | | | | | | | |
| **Signature** |  | | | | **Date** | |  | |