

Block A, MITD Complex, Ebene, Reduit

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FOR OFFICE USE ONLY			
Application No.			
Screened by:			
Date:			

APPLICATION FORM FOR SHORT COURSES

1. SURNAME								
Name(s) Mr/ Mrs/ Miss	5							
Maiden name (if applic (Enclose photocopy of a								
2. DATE OF BIRTH	3. SEX	4. MARITAL STATUS	5. NATIONALITY		National ID No:			
Day Month Year	Male Female	Married Single	Mauritian Other					
			If not Mauritian, (Please attach copy					
6. ADDRESS FOR CO	RRESPONDE	NCE	Telephone No.	Home:				
•••••		•••••		Office:				
•••••		•••••	Fax No. (if any)					
•••••		••••••	Email:		• • • • • • • • • • • • • • • • • • • •			•••••
7. SHORT COURSES	APPLIED FOR	R (In Order of Pre	ference)					
S/N Name of Shor	t Course				Full T	ime	Part T	Гіте
1								
2								
3								
8. EDUCATIONAL DI	ETAILS (Please	e tick where appro	priate and attach	copies of A	Academi	c Qualif	fication	s)
School Certificate (SC)			Certificate (HSC)					
Certificate		Diploma						
Degree		Master Degree						
Doctoral Degree								
Other Qualifications:								

9. THIS SECTION SHOULD BE FILLED IN BY THOSE IN EMPLOYMENT

9.1 Give all relevant information about previous and current employment, if applicable, as follows:

From		То		Name & Address of	Positions		
Month	Year	Month	Year	Employers/Firms	Held	Job Description	
9.2 This su	ub-sectio	n should b	e filled in	if the applicant is sponsored by the	employer.		
Name of E	Employer				Phone No. of Employe	er	
(Tick as ap	opropriate	e) Spo	onsored	Released	Release in process	7	
Note: A Spo	onsored A	pplicant is o	one who will	l be released and the payment will be settle	ed by the Employer.	_	
				1 2	1 7		
		Employer					
I/We here	eby agre	ee to Mr/	Mrs/Miss			following a	
programm	e of					at the Fashion &	
Design Ins	stitute and	d I/We und	ertake to re	elease him/her to follow the said progr	amme if he/she is selec	eted.	
Signature					STAMP OF EMPL	OYER REQUIRED	
Position					Da	ite/	
1 05111011		•••••			Do		
10 Have v	ou any n	articular ca	areer in vie	ew? <u>Yes</u>	No		
-5. 11u v o y	ou uny p						
If Yes	, specify	:					

11. Have you had any serious disease or physical or mental disorder	? Yes No
If Yes, specify:	
(Please attach copies of Medical Certificates)	
12. THIS SECTION SHOULD BE FILLED IN IF YOU ARE U	NDER 18 YEARS OF AGE
Name of Parent/Guardian	Phone No. (If any) Home
Address:	Office
Occupation	Fax
DECLARATION OF PARE	ENT/GUARDIAN
I,	, parent/guardian of the above-named
	, hereby consent to his/her signing
the declaration below and agree to be bound with him/her for the ex-	ecution thereof.
Date/	Signature:
13. DECLARATION	
I,	hereby declare that all the above information and
documents provided are true and correct. I understand that wi	thholding or giving false information will make me
ineligible for admission and future enrollment.	
Date/	Applicant's Signature