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

## APPLICATION FOR ADMISSION

*(PLEASE USE BLOCK LETTERS THROUGHOUT)*

1. SURNAME .....

Name(s) Mr/ Mrs/ Miss.....

Maiden name (if applicable) .....

**(Enclose photocopy of marriage certificate)**

2. DATE OF BIRTH

Day      Month      Year

3. SEX

Male      Female

4. MARITAL STATUS

Married      Single

5. NATIONALITY

Mauritian      Other

**National ID No:**

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If not Mauritian, specify .....  
**(Please attach copy of ID Card/Other Identification/Passport)**

6. ADDRESS FOR CORRESPONDENCE

.....  
.....  
.....  
.....

Telephone No. Home: .....

Office: .....

Mobile: .....

Fax No. (if any): .....

Email: .....

7. PROGRAMME OF STUDY APPLIED FOR (In Order of Preference)

S/N	Programme Title	Full Time	Part Time
1			
2			
3			

8. EDUCATIONAL DETAILS (Note: Qualifications obtained after the closing date will not be considered)

Details of duly certified true copies of Secondary Schools and/or Tertiary Education Institutions attended.  
**(Please attach copies of Academic Qualifications)**

Institutions	Entered		Left	
	Month	Year	Month	Year



### 9.3 SC / GCE O-LEVEL RESULTS

Index No. →		1 <sup>st</sup> Attempt			2 <sup>nd</sup> Attempt			3 <sup>rd</sup> Attempt		
Date of Attempt (Month/Year) →										
Subjects		Grades (e.g. 1, 2, 3 ... or A, B, C...)								
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

### 9.4 HSC / GCE A-LEVEL RESULTS

Index No. →		1 <sup>st</sup> Attempt			2 <sup>nd</sup> Attempt			3 <sup>rd</sup> Attempt		
Date of Attempt (Month/Year) →										
Subjects Taken at Principal Level		Grades (A,B,C...)								
1.										
2.										
3.										
4.										
Subjects Taken at Subsidiary Level		Grades (e.g. 1,2,3 ... or A,B,C...)								
1.										
2.										
3.										

### 10. OTHER RELEVANT QUALIFICATIONS

It is the responsibility of the applicant to ensure and to provide proof that the qualifications meet the requirement for entry on the programmes applied for and are recognised nationally and / or considered equivalent.

	Courses/Programmes	Institutions	Grade Awarded	Duration (months)	From	To
1.						
2.						
3.						
4.						



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13. Have you had any serious disease or physical or mental disorder?

Yes

No

If Yes, specify: .....

(Please attach copies of Medical Certificates)

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14. Have you been convicted of or currently charged with any crime or offence?

Yes

No

If Yes, specify: .....

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**15. REFEREES**

(Please obtain their prior agreement. The Academy of Design and Innovation may write to them if you are shortlisted).

REFEREE 1

Name .....

Occupation .....

Address .....

Phone No. ....

REFEREE 2

Name .....

Occupation .....

Address .....

Phone No. ....

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**16. THIS SECTION SHOULD BE FILLED IN IF YOU ARE UNDER 18 YEARS OF AGE**

Name of Parent/Guardian ..... Phone No. (If any) Home .....

Address: ..... Office .....

Occupation ..... Fax .....

**DECLARATION OF PARENT/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 execution thereof.

Date ...../...../.....

Signature: .....

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**17. OBTENTION OF A FIRST CERTIFICATE, DIPLOMA OR AN UNDERGRADUATE DEGREE**

Are you already holder of a certificate, diploma or undergraduate degree? (Please tick as appropriate)

No  Yes

If yes, please provide details of the obtention of the certificates, including the year and the Institution / University attended:

.....  
.....

**18. THIS SECTION MUST BE FILLED IN BY ALL APPLICANTS**

I, ....., solemnly declare that if admitted to the Academy of Design and Innovation, I will

- (a) diligently follow the Programme of study for which I am selected to its termination;
- (b) inform the Admission Section and Head of Faculty, in writing and without delay, if I withdraw from the Programme;
- (c) comply to all the rules and regulations of the Academy of Design and Innovation;
- (d) pay in advance all fees and dues required until the completion of studies and ensure payment is effected as stipulated by the Academy of Design and Innovation.
- (e) incur the cost of recovering any additional outstanding balance due to the institute will be borne by the student.
- (f) inform the Head Faculty and Admission Section if suffering from any illness or incapacity and produce medical certificate.

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**19. HOW YOU CAME TO KNOW ABOUT ADI COURSES**

(Please tick as appropriate)

Advertisements <input type="checkbox"/>	Radio <input type="checkbox"/>	Press <input type="checkbox"/>
Street Banners <input type="checkbox"/>	Secondary School <input type="checkbox"/>	Social Media <input type="checkbox"/>
Friends /Family <input type="checkbox"/>	Surfing on the internet <input type="checkbox"/>	Education Fairs <input type="checkbox"/>

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**20. I ALSO DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Date ...../...../.....

Applicant's Signature .....