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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

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3. SEX

Male Female

<input type="checkbox"/>	<input type="checkbox"/>
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4. MARITAL STATUS

Married Single

<input type="checkbox"/>	<input type="checkbox"/>
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5. NATIONALITY

Mauritian Other

<input type="checkbox"/>	<input type="checkbox"/>
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If not Mauritian, specify

(Please attach copy of ID Card/Other Identification/Passport)

National ID No:

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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. List all subjects taken, including failures, in **exactly the same order as on Certificates**. Give the three best attempts for each certificate and their years and months of examinations. Group together all subjects taken at one sitting.

Sub-sections 9.1 and 9.2 are applicable to only Jewellery courses

9.1 FORM II / GRADE 8

S/N	SUBJECTS	GRADE

9.2 FORM III / GRADE 9 / PRE-VOCATIONAL EDUCATION (PVE) YEAR 4

S/N	SUBJECTS	GRADE

9.3 SC / GCE O-LEVEL RESULTS

		Index No. →		1 st Attempt			2 nd Attempt			3 rd 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 st Attempt			2 nd Attempt			3 rd 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.						

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

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

From		To		Name & Address of Employers/Firms	Positions Held	Job Description
Month	Year	Month	Year			

11.2 For Mature Applicants only

Please submit a written statement together with relevant documents including:

- Details of working experience, social responsibilities, skills developed and practical knowledge.
- Proof of work experience(s)

11.3 This sub-section should be filled in if the applicant is sponsored by the employer.

Name of Employer Phone No. of Employer

(Tick as appropriate) Sponsored Released Release in process

Note: A Sponsored Applicant is one who will be released and the payment will be settled by the Employer.

11.4 Declaration of Employer

I/We hereby agree to Mr/Mrs/Missfollowing a programme ofat the Academy of Design and Innovation and I/We undertake to release him/her to follow the said programme if he/she is selected.

Signature

STAMP OF EMPLOYER REQUIRED

Position

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

12. Have you any particular career in view?

Yes

No

If Yes, specify:

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

Yes

No

If Yes, specify:

(Please attach copies of Medical Certificates)

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

Yes

No

If Yes, specify:

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.

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:

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.

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"/>

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

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

Applicant's Signature