Block A, MITD Complex,
Ebene, Reduit
Telephone: + 230 467 6460, + 230 467 6277,
Fax: + 230 466 4105
Email: admission@adi.ac.mu
Website: www.adi.ac.mu

FOR OFFICE USE ONLY	
Online Ref No.	
Screened by:	
Date:	

APPLICATION FORM FOR ONLINE COURSES

1. **SURNAME** ……………………………………………………………………………………………………….

Name(s) ………………………………………………………………………………………………………..

Maiden name (if applicable) ……………………………………………………………………………………

2. DATE OF BIRTH			3. GENDER		4. MARITAL STATUS		5. NATIONALITY		National ID No:
Day	Month	Year	Male	Female	Married	Single	Mauritian	Other	
			☐	☐	☐	☐	☐	☐	

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. ONLINE SHORT COURSES APPLIED FOR

S/N	Name of Course	S/N	Name of Course
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

8. EDUCATIONAL DETAILS (Please tick where appropriate)

School Certificate (SC)	☐	Higher School Certificate (HSC)	☐	Certificate	☐
Diploma	☐	Degree	☐	Master Degree	☐
Doctoral Degree	☐	Other Qualifications (Please specify)………………			☐

9. 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 …………………………………………………….

Email …………………………………………………………….

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: ……………………….

10. PAYMENT

I, _____confirm having effected payment by MCB Juice/ Internet Banking/ Bank Transfer on the below bank details:

>   **Name:**   Academy of Design and Innovation
>   **Bank Name:**   SBM Bank (Mauritius) Ltd
>   **Bank Account No.:**   61031100001639
>   **Bank Address:** 1 Queen Elizabeth II Avenue, Port Louis

Note: For all online transactions on the Academy of Design and Innovation (ADI) *Account, learners should kindly ensure that their full name appear as reference for identification purposes. Kindly send back the filled Application Form together with a scanned copy of the bank transfer form.*

11. DECLARATION

I, _____hereby declare that all the above information and documents provided are true and correct. I understand that withholding or giving false information will make me ineligible for admission and future enrollment.

Date …../…../……   Applicant's Signature …………………………….