



MAURITIUS INSTITUTE OF HEALTH

Powder Mill, Pamplemousses

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For Office Use Only		
Application No.:		
Q	NQ	P

APPLICATION FORM - PART-TIME RESOURCE PERSON FOR RESEARCH STUDIES

(PLEASE COMPLETE THIS FORM IN 2 COPIES AND WRITE CLEARLY IN DARK BLUE OR BLACK INK)

POSITION(S) APPLIED FOR: Supervisor ☐ Interviewer ☐ Data Collector ☐

1. National Identity Card No.:

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Attach Photocopy

Title: Mr ☐ Mrs ☐ Miss ☐ Other ☐ specify.....

Surname:

Other name(s):

Maiden name (if applicable):.....

Block Letters

2. Residential Address:

E-mail Address:.....

Telephone No: Office: Home: Mobile:

Date of Birth

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 Age

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Nationality..... Certificate No. (If Naturalised) & Date

3. SECONDARY ORDINARY LEVEL

State whether Cambridge S.C. or Cambridge G.C.E. or London General Certificate of Education (Ordinary Level)

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Month/Year				Exam Centre No.				Index No.			
Subject								Grade			
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Result Aggregate

Month/Year				Exam Centre No.				Index No			
Subject								Grade			
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.....										

Result Aggregate

4. SECONDARY ADVANCED LEVEL

State whether Cambridge H.S.C. or Cambridge G.C.E. or London General Certificate of Education (A Level)

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Month/Year	Exam Centre No.	Index No.
Subject		Grade
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Level – Principal, Subsidiary, Advanced Subsidiary

Result

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Month/Year	Exam Centre No.	Index No.
Subject		Grade
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Level – Principal, Subsidiary, Advanced Subsidiary

Result

5. POST SECONDARY/PROFESSIONAL/VOCATIONAL QUALIFICATIONS

	Courses/Programmes	Institutions	Grade Awarded (if degree, state class and whether with Honours)	Duration	From	To
1						
2						
3						
4						

6. EMPLOYMENT HISTORY

6.1 Present Employer:

Present Position held:..... From: To:.....

Institution/Department:.....

6.2 Previous Employment

6.2.1 Position held:..... From: To:.....

Institution/Department:.....

6.2.2 Position held:..... From: To:.....

Institution/Department:.....

7. Research experience, if any. (Please attach additional sheet, if necessary)

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8. **Referees** (*N.B Please obtain their prior agreement to act as referees*)

Referee 1

Name:

Occupation:

Address:

.....

Phone No.:

Referee 2

Name:

Occupation:

Address:

.....

Phone No.:

Declaration

I,, the undersigned applicant declare that the particulars in this application are true and accurate and that I have not willfully suppressed any material fact.

Date:

Signature:

NB: (i) Incomplete, inadequate and inaccurate filling of the form will entail elimination of candidates.

(ii) Upon selection, candidates will be expected to produce originals of Certificates and documentary evidence of experience claimed.