MAURITIUS INSTITUTE OF HEALTH FOR Application Form OFFICIAL Re. Post of TRAINING MANAGER 1. National Identity No. **Marital Status** (M=Married, S=Single) Dr Title Surname (in block letters) Other Names (in block letters) Maiden Name (if applicable) 2. Residential Address (in block letters) Date of Birth Place of Birth.... Nationality..... Certificate No. (If Naturalised) & Date 3. QUALIFICATIONS 3.1 SECONDARY ORDINARY LEVEL 3.2 London General Certificate of Education (Ordinary State whether Cambridge S.C. or Cambridge G.C.E. State whether Cambridge S.C. or Cambridge G.C.E. Month/Year Exam. Centre No. Index No. Month/Year Exam. Centre No. Index No. Grade Grade Subject Subject Result Aggregate..... Result Aggregate..... 4. SECONDARY ADVANCED LEVEL 4.1 London General Certificate of Education (A Level) State whether Cambridge H.S.C. or Cambridge G.C.E. Month/Year Exam. Centre No. Index No. Month/Year Exam. Centre No. Index No. **Principal Subject** Grade **Advanced Level** Grade

S	ubsidiary Subject	Grade	Ordi	nary Level	Grade	
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Result	General paper					
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6. EXPERIENCE AN	D SKILLS RELEVA	NT TO THE PO	ST APPLIED FOR (At	tach documentary evidence)		
7. EMPLOYMENT I	HISTORY					
7.1 In the SERVICE						
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7.2 PREVIOUS EMP	LOYMENT (Includir	ng Parastatal) (us	e additional sheets if neces	sary)		
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