MAURITIUS INSTITUTE OF HEALTH

Application Form
Re. Post of Word Processing Operator

FOR OFFICIAL USE

1. National Identity No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Marital Status** ☐ (M=Married, S=Single)

Title Dr ☐ Mr ☐ Mrs ☐ Ms ☐

Surname ……
(in block letters)

Other Names ……

Maiden Name *(if applicable)* …… *(in block letters)*

2. Residential Address *(in block letters)*
……
……

Home Telephone No…… Office Telephone No…… Mobile No ……..…….

Date of Birth ☐☐☐☐☐☐ Age ☐☐ Place of Birth……..…….

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

3. QUALIFICATIONS

3.1 SECONDARY ORDINARY LEVEL

State whether Cambridge S.C. or Cambridge G.C.E.
……..
Month/Year ☐☐☐☐ Exam. Centre No. ☐☐☐☐ Index No. ☐☐☐☐☐

Subject	Grade
……	……..
……	……..
……	……..
……	……..
……	……..
……	……..
……	……..

Result ……. Aggregate……

3.2 London General Certificate of Education (Ordinary Level)

State whether Cambridge S.C. or Cambridge G.C.E.
……..
Month/Year ☐☐☐☐ Exam. Centre No. ☐☐☐☐ Index No. ☐☐☐☐☐

Subject	Grade
……	……..
……	……..
……	……..
……	……..
……	……..
……	……..
……	……..

Result ……. Aggregate…….

4. SECONDARY ADVANCED LEVEL

State whether Cambridge H.S.C. or Cambridge G.C.E.
……..
Month/Year ☐☐☐☐ Exam. Centre No. ☐☐☐☐ Index No. ☐☐☐☐☐

Principal Subject	Grade
……	……..
……	……..
……	……..
……	……..
……	……...

4.1 London General Certificate of Education (A Level)

……..
Month/Year ☐☐☐☐ Exam. Centre No. ☐☐☐☐ Index No. ☐☐☐☐☐

Advanced Level	Grade
……	……..
……	……..
……	……..
……	……..
……	……

Subsidiary Subject	Grade
……	……..
……	……..
……	……..
General paper ……	…….

Result …….

Ordinary Level	Grade
……	……..
……	……..
……	……..
……	…….

5. DIPLOMA/ DEGREE/ PROFESSIONAL QUALIFICATIONS (*use additional sheets if necessary)*

Name of University/Examining Body …….. Country ……

Specify exact qualifications obtained ……. Class/Division/Level …….

Duration of course/study: From …….. To ……..

Main Subjects	Subsidiary Subjects
……	…….
……	……
……	…….

6. EXPERIENCE AND SKILLS RELEVANT TO THE POST APPLIED FOR *(Attach documentary evidence*)

…… ……

7. EMPLOYMENT HISTORY

7.1 In the SERVICE

(i) Present Employment

Post held ……. *Temporary/Substantive* ..…… *Min./Dept.* ……

Date of Present Appointment |_|_|_|_|_|_|_|_| *Date of Confirmation in the Service* |_|_|_|_|_|_|_|_| *Present Salary per month (Rs)* ……

(Date Month Year)
e.g. 01 JAN 2009

7.2 PREVIOUS EMPLOYMENT (Including Parastatal) (*use additional sheets if necessary*)

Post held	*Temporary/Substantive*	*Min./Dept*	*Date of Appointment*
……..	…….	…….	…….

8. *IMPORTANT- PLEASE READ THE ADVERTISEMENT CAREFULLY:*

Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his appointment.

DECLARATION

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

Date …….. Signature …….

9. TO BE FILLED BY SUPERVISING OFFICER

(i)	**Record of Sick Leave:**	**2023:…... days**	**2024: …... days**	**2025: …… days**
(ii)	**Record of Unauthorised Absences:**	**2023.…... days**	**2024: …... days**	**2025: …… days**
(iii)	**Brief Report on Work and Conduct:**	**2023:…... days**	**2024: …... days**	**2025: …… days**

Date …….. Signature …….

Name in full:…….