

MUTUAL AID FOUNDATION
Mutual Aid Foundation Scholarships Scheme
APPLICATION FORM

1. **SURNAME OF STUDENT** (in block letters): Mr / Mrs / Miss

.....

2. **Other name:**

3. **Date of Birth:**..../...../..... **NID No:**

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4. **Address:**

.....

5. **Phone No.** **Mobile No.**.....

Email address:

6. **Educational details:**

SN	YEAR	COURSE	STATUS (PASSED/FAILED)

7. **Course to which admitted at Mauritius Institute of Training and Development (MITD)**

.....

8. **Training centre**.....

9. **Student Identity No.**

10. **Academic year:**

11. **Duration of studies:**

12. **Parents Income (Monthly)* :**

SN	INCOMES	FATHER-RS	MOTHER-RS	TOTAL-RS
1	Salary			
2	Basic Pension(old age/widows/invalidity, etc)			
3	Contributory Pension/Pension from past employment, etc			
4	Other Incomes (including interest from financial institutions)			
	TOTAL			

(Please insert NIL where not applicable)

Name and occupation of father:.....

Name and occupation of mother:.....

*** To attach documentary evidences**

13. Details of other children in your Family attending Secondary School /Training Institution.

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	EDUCATIONAL INSTITUTION ATTENDING	CURRENT CLASS ATTENDED

(Please insert NIL where not applicable)

14. **MITD fees** (including tuition and general fees) per annum:
Rs.....

15. I hereby declare that:

- (i) all the particulars in this application form are true and accurate;
- (ii) I have not benefitted from any other scholarship or grant;
- (iii) I undertake to follow and complete the course and to inform the Mutual Aid Foundation if I obtain another scholarship/grant or decide to withdraw from the course;
- (iv) I authorize the MITD to reveal my examination results, attendance and behavior to the Mutual Aid Foundation for the purpose of the scholarship;
- (v) I am aware that if I have furnished wrong and misleading information to the Mutual Aid Foundation, I may become liable to refund any allowance paid to me by the Foundation.

APPLICANT	RESPONSIBLE PARTY
Name:	Name:
NID:	NID:
Mobile No. Phone No.	Mobile No. Phone No.
Email :	Email :
Address:	Address:
Signature:	Signature:
Date:	Date: