

NATIONAL EQUIVALENCE COMMITTEE

MINISTRY OF EDUCATION, CULTURE & HUMAN RESOURCES

IVTB HOUSE, PHOENIX

Application Form for Recognition /Equivalence of Qualifications

**Office
Purposes**

A. Applicant's Personal Information

1. Surname..... First Name..... Mr/Ms/Mrs/Dr.
2. Maiden Name (if applicable)
3. Address
4. Date of Birth
5. Nationality
6. National Identity No.:
7. Phone No. (Resd.) (Office).....(Mobile).....
8. Present Occupation and Department
9. Examination passed in chronological order (copies of certificates and marksheets to be enclosed & originals to be produced for verification purposes)

Certificates	Year of Award	Name of Awarding Institution and Country of Origin
(a)
(b)
(c)
(d)
(e)

- 10 Please state whether you are applying for - RECOGNITION } of qualifications
 and/or - EQUIVALENCE }

(Please tick appropriate box)

B. Qualifications for which recognition/equivalence (delete as applicable) is being sought

- 1 (i) Name of awarding institution for B:
- 1 (ii) Address:
- 1 (iii) Tel. Fax
- 1 (iv) Date of registration
- 2 Minimum entry requirements for B:
- 3 Duration: From To
- 4 Whether examinations were conducted under the supervision of the M.E.S.
 Yes / No (delete where applicable)

C. Complete this section only if you are applying for EQUIVALENCE – Please note that equivalence may be established for foreign qualifications in comparison with what is available in Mauritius and not vice-versa. Equivalence of local qualifications with similar local qualifications will also be considered.

- 1. Qualification to which equivalence is being sought:
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- 2. Name of awarding institution
- 3. Address
- 4. Tel Fax
- 5. Entry requirements for C1
- 6. Duration of course leading to C1

D. Reason/s why equivalence is sought:

- (a) For seeking employment ()
- (b) For practice of profession ()
- (c) For promotion ()
- (d) For pursuit of studies ()
- (e) For award of incremental credit ()
- (f) Any other reason

E. Have you applied to the NEC previously ? If yes, please give details, including reference number.

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F. Declaration

I, the undersigned, certify that the certificates and other relevant documents I have submitted are authentic and that the information I have provided are correct.

(Please note that presentation of false/faked documents constitutes an offence which is liable to prosecution).

Date: Signature

For Office Use

Remarks :
.....
.....
.....

Name of verifying officer:

Signature:

Date :