

NATIONAL EQUIVALENCE COMMITTEE

MINISTRY OF EDUCATION & 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 :