



MAURITIUS EXAMINATIONS SYNDICATE

APPLICATION FORM : INVIGILATOR

(To be completed in Applicant's own handwriting and applicable to those who are either **UNEMPLOYED** or **RETIRED**)

PART A

Title	Mr/Mrs/Miss <i>(Delete as appropriate)</i>										
Surname											
Other Names <i>(in full)</i> <i>(As per Birth Certificate)</i>											
National Identity Card No.											
Home Address											
Phone Number	Residence:					Mobile :					

PART B

QUALIFICATIONS

Examination			Examination	
Index No.			Index No.	
Year			Year	
Subjects			Subjects	

PART C

Your invigilation fees will be credited to your Bank Account. Please provide the details below:

Name of Bank: _____ Branch : _____

Account No. : _____

PART D

State whether you are : **Unemployed/Retired**
(Please tick as appropriate)

Unemployed

Retired

If retired, state your previous employment : _____

PART E

Experience as Invigilator (in years) :

Mention the last Centre and Date where you invigilated: _____
Centre Date

PART F

Have you ever been convicted in a court of law? YES NO
(Please tick as appropriate)

If "YES" state reasons : _____

PART G

REFEREES

State the names, addresses and telephone numbers of TWO referees whom you know very well personally and whom the Syndicate may contact. (*Please obtain their prior agreement to act as referees*).

1	Name:	2	Name:
	Address:		Address:
	Tel. No.:		Tel. No.:

ATTENTION

Your attention is drawn to the Regulations made under Section 14 of the Mauritius Examinations Syndicate Act No. 4 of 1984:

☞ **Every employee of the Syndicate and any other person recruited by the Syndicate to organise or conduct an examination shall perform his duties in accordance with such directives or instructions as may be given by the Syndicate.**

and to the Criminal Code (Supplementary) (Amendment) Act No. 10 of 1985:

☞ **Any person who commits an offence under these Acts shall, on conviction, be liable to a fine not exceeding 10,000 Rupees and/or imprisonment for a term not exceeding two years.**

NOTE : Invigilators are offered appointment as and when their services are required by the MES.

I certify that, to the best of my knowledge, all information provided on this application form is **TRUE** and **CORRECT**.

I am aware that any false/misleading information given on this form is a criminal offence.

Signature:

Date:

OFFICE USE

PART A, B and C have been checked and certified correct by:

Name :

Signature :

Date :

Input by

Name :

Signature :

Date :