

SERIAL NUMBER (OFFICE USE)

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# Open University of Mauritius

Reduit Mauritius

## APPLICATION FORM

(Tick as appropriate)

INVIGILATOR

☐

SUPERVISOR/CHIEF INVIGILATOR

☐

### PART A

TITLE (MR/MRS/MISS/Ms)							
SURNAME							
OTHER NAME (IN FULL)							
MAIDEN NAME (IF APPLICABLE)							
HOME ADDRESS							
PHONE NUMBER	RES.			Email:			
	MOB:			MARITAL STATUS			
NATIONAL IDENTITY CARD				SEX (Please tick)		AGE (YEARS)	
				M:		F:	

### QUALIFICATIONS

### PART B

CAMBRIDGE SC/GCE 'O' LEVEL RESULTS				CAMBRIDGE HSC/GCE 'A' LEVEL RESULTS			
INDEX No.	GRADE			INDEX No.	GRADE		
SUBJECT	Yr:	Yr:	Yr:	PRINCIPLE LEVEL SUBJECTS	Yr:	Yr:	Yr:
	1st Attempt	2nd Attempt	3rd Attempt		1st Attempt	2nd Attempt	3rd Attempt
				SUBSIDIARY LEVEL SUBJECTS			
				GENERAL PAPER			

### OTHER EXAMINATION/S

YEAR	TITLE OF QUALIFICATION OBTAINED	NAME OF INSTITUTION	RESULT OBTAINED

PART C			
BANK ACCOUNT DETAILS			
NAME OF BANK		BRANCH ADDRESS	
ACCOUNT NO			

PART D	
State whether you are: Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>
(Please tick as appropriate)	
If retired, state your last employment	

PART E		
Experience as Invigilator (in years, if any):		
Mention the last Centre and Date where you invigilated	(Centre)	Date

PART F	
Have you ever been convicted in a court of law? Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please tick as appropriate)	
If 'YES' state reason(s)	

REFEREES	PART G	
(Should not be closely related)		
State the names, addresses and telephone numbers of TWO referees whom you know very well personally and whom the OU may contact. (Please obtain their prior agreement to act as referees).		
1	Name: <input type="text"/>	2 Name: <input type="text"/>
	Address: <input type="text"/>	Address: <input type="text"/>
	Tel No: <input type="text"/>	Tel No: <input type="text"/>
<p>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 offense. I certify that I do not suffer from any physical disability, which may be a hindrance in the performance of the duties of invigilation. I undertake to inform the OU immediately in case I shall be suffering from any health problem which may impede the performance of my duties.</p>		
Signature:	<input type="text"/>	Date: <input type="text"/>

OFFICE USE			
Part A, B and C have been checked and certified by:		Input by:	
Name:	<input type="text"/>	Name:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>