MAURITIUS EXAMINATIONS SYNDICATE



Γ

For Office Use

55	
Receipt No	
Details (CPE /SC/HSC)	Yes / No *
Laminate	Yes / No *

Application Form : Statement of Results

A. Particulars of Candidate

(1) Surname(Mr/M	Irs/M	iss) [:]	*:	•••••	•••••		•••••	•••••	•••••			•••••		•••••			•••••		•
(2) Other Names:	•••••			•••••				•••••	•••••	•••••				•••••					•
(3) Maiden Name	(appli	icab	ole to	o mai	rried	wor	nan).	:	•••••		•••••		•••••						•
(4) Residential Ad	dress:	:	•••••	•••••		•••••		•••••	•••••	•••••	•••••							<u>.</u>	•
				•••••			•••••	•••••	•••••	•••••	Tel Resi	No dence	e						
	·····	•••••	•••••	•••••	•••••						Mot	oile							
Date of Birth:											Offi								
NIC (ID No)																			
B. Examination	n																		7
(1) Name of Exam	inatio	on: .			•••••							•••••				SITTING*			
(2) Month & Year	of Ex	ami	inati	on: .	•••••							•••••		•••••	1st		2nd	3rd	
(3) Candidate ente	red as	s: P	Priva	te / S	Schoo	ol *													
(4) School Attende	ed: (n	iot a	ippli	cabl	e to I	Priv	ate C	Candi	date)										
			•••••	•••••	•••••			•••••	•••••	•••••		•••••		•••••			•••••		•
(5) Name of Exam	inatio	on C	entr	e:		•••••		•••••	•••••	•••••	•••••		•••••	•••••		•••••			
(6) Index/Candida	te Nu	mbe	er (<i>if</i>	knov	wn):		•••••	•••••			•••••		•••••			•••••			•
C. Particulars	of ap	ppli	icar	nt o	n be	e ha l	lf of	can	dida	ate.									
(1) Name of Appli	cant ((Mr/	/Mrs	/Mis	s)*										•••••			•••••	
(2) Relation to can	didate	e:				•••••		•••••	•••••		•••••		•••••						
(3) NIC (ID No):																			
Signature:																			
D. Particulars																			
Document will	-													•••••	. at	•••••		••••••	.h
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Signature:										•••••		Date	:						•

(Please see overleaf)

CONDITIONS FOR THE ISSUE OF STATEMENT OF RESULTS

- 1. Statements of Results are issued for examinations conducted by the Syndicate, subject to availability.
- 2.1 Applications for Statements of Results should be made on the prescribed form. The candidate should call <u>IN PERSON</u> along with his/her National Identity Card.
- 2.2 Responsible Parties who apply for a Statement of Results on behalf of their ward should produce the Birth Certificate and the National Identity Card of both applicant and ward.
- 2.3 In case an application is made on behalf of a close relative (cousin, niece, etc) <u>a letter</u> <u>of authorisation</u> should be produced in addition to documents listed at 2.2.
- 3. Statements of Results are issued in the name of the candidate at the time the award is made. In case there is a change of name, an affidavit (law) should be produced.
- 4. Statements of Results are issued against payment of a prescribed fee which <u>is non-refundable.</u>
- 5. Requests for Statements of Results will be dealt with within four days of receipt of applications provided the results have been duly traced and the prescribed fee paid.

6.1 A Statement of Results is a confidential document.

Upon the request of the applicant/candidate, it may

- **<u>either</u>** be forwarded by registered post to the residential address of the applicant,
- <u>or</u> be collected by the applicant personally/another person provided that he/she has been duly authorised by the applicant in Part D (2) of the application form.
 In no circumstances will the Statement of Results be issued to an unauthorised person.
- 6.2 If a Statement of Results is not collected on the agreed date, it will be forwarded by registered post.