



MAURITIUS EXAMINATIONS SYNDICATE
NATIONAL CERTIFICATE OF EDUCATION (NCE) ASSESSMENT 2023
ACCESS ARRANGEMENTS FORM – PRIVATE CANDIDATE

SECTION 1 - CANDIDATE'S DETAILS (Please tick (✓) as appropriate)

Serial/Index Number:

Surname:

Other Name (s):

Date of Birth:

/ /

Gender : Boy ☐Girl ☐

Phone No. Home:

Mobile:

NIC:

Address:

Email Address of Candidate/Responsible Party

SECTION 2 - MEDICAL ISSUE

Please indicate whether candidate is Permanently or Temporarily Handicapped*:

Description of medical issue:

Recent **ORIGINAL** medical certificate enclosed? Yes/No*:**Delete as appropriate*

Note: Mention should be made on the Medical Certificate of the specific requirements of the candidate, e.g additional time, assistance of a Writer/Reader, Enlarged/Braille question papers, etc.
Otherwise, request(s) may not be entertained.

SECTION 3 – REQUEST FOR SPECIAL ARRANGEMENT/S (Please tick (✓) as appropriate)

- | | | | |
|--|--------------------------|---|--------------------------|
| 1. Extra time | <input type="checkbox"/> | 6. To be examined in a separate room | <input type="checkbox"/> |
| 2. Enlarged Print Question Papers | <input type="checkbox"/> | 7. To be examined on ground floor level | <input type="checkbox"/> |
| 3. Assistance of Writer | <input type="checkbox"/> | 8. Braille Question Papers | <input type="checkbox"/> |
| 4. Assistance of Reader | <input type="checkbox"/> | 9. Others (please provide details) | <input type="checkbox"/> |
| 5. Assistance of Sign Language Interpreter | <input type="checkbox"/> | | |

Optional**Core Subject:** Hindi ☐ Urdu ☐ Tamil ☐ Telugu ☐ Marathi ☐ Modern Chinese ☐ Arabic ☐ Kreol Morisien ☐ Nil ☐**SECTION 4 - OTHER CONSTRAINT**

(admission to hospital/clinic, language problems – applicable to newly settled expatriates, bereavement, etc.)

Please specify:

I hereby certify that the information given above is true and correct.

Name of Responsible Party:

Signature:

Date: