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Signature: .....

## MAURITIUS EXAMINATIONS SYNDICATE

## APPLICATION FORM : INVIGILATOR

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

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Surname																
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Page 1 of 2

Date: .....

## PART D

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Experience as Invigilator (in years, if any) :		, chemployed   Retired
Experience as Invigilator (in years, if any):    Mention the last Centre and Date where you invigilated:   Centre	If	retired, state your previous employment :
Experience as Invigilator (in years, if any):  Mention the last Centre and Date where you invigilated:  PART F  Have you ever been convicted in a court of law? YES NO (Please tick Ø as appropriate)  If "YES" state reason(s:  PART G  REFERES (Should not be closely related)  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:  Address:  Tel. No.:  ATTENTION  Your attention is drawn to the Regulations made under Section 14 of the Mauritius Examinations Syndicate Act No. 4 1984:  Every employee of the Syndicate and any other person recruited by the Syndicate conduct an examination shall perform his duties in accordance with such directives or instructions 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 exceeding 10,000 Rupees and/or imprisonment for a term not exceeding two years.  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:  NOTE: Invigilators are offered appointment as and when their services are required by the MES.  OFFICE USE	S	upport document(s): letter Ref : dated
Mention the last Centre and Date where you invigilated:    Centre		PART E
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