

"Knowledge is Strength" ASTRO SCIENCE INSTITUTE MAURITIUS Regd. No. 16394

Paste Your Passport Size Photo here

Admission Form

Title (Mr, Mrs, Dr, Ms)	
Name	
Surname	
Father's Name	
Mother's Name	
Gender	
Date of Birth	
Address	
Country	
Phone Number (Residential)	
Mobile No.	

Email Add:	
Job	
Marital Status	
Nationality	
Pin Code	

Educational Qualifications:

1) SCHOOL CERTIFICATE RESULTS (SC)

> University / Institution:

<u>Subjects</u>	<u>Results</u>	<u>Subjects</u>	<u>Results</u>

Result:

Aggregate:

2) HIGHER SCHOOL CERTIFICATE RESULTS (HSC)

> University / Institution:

Subjects (Principal)	<u>Results</u>	<u>Subjects</u> (Subsidiary)	<u>Results</u>

Results:

3) CERTIFICATE & DIPLOMA QUALIFICATIONS

	<u>University /</u> Institution	Qualification Obtained	Year of Passing
<u>Certificate</u>			
	<u>University /</u> Institution	Qualification Obtained	Year of Passing
<u>Diploma</u>			

4) DEGREE, POST DEGREE & DOCTORATE QUALIFICATIONS

	<u>University /</u> Institution	Qualification Obtained	Year of Passing
<u>Degree</u> (BA, BSc, etc)			
	<u>University /</u> Institution	Qualification Obtained	Year of Passing
<u>Post Degree</u> (MA, MSc, etc)			
	<u>University /</u> Institution	Qualification Obtained	Year of Passing
<u>Doctorate</u> (PhD, DSc, etc)			

5) ANY OTHER QUALIFICATIONS

	University / Institution	Qualification Obtained	Year of Passing
<u>Any Other</u> <u>Qualifications</u> (IC3, ACCA, etc)			

> Student Cheklist: Put $\sqrt{10}$ Or x

Birth Certificate	
Educational Certificates	
Passport Size Photos	
ID Card	
Original + Photocopies (Docs)	

6) COURSE DETAILS

Course Category	
Course Name	
Course Duration	
Course Mode (Regular, Distance, Correspondence)	
Session	
Course Code	
Course Level	
Course Medium (Hindi / English)	
Course Type (Full Time / Part Time)	

✤ For Office Use only

Student Registration No. :	
Date:	
Receipt No. :	
Session Start:	
Session End	
Examination Start Date:	

Examination End Date:	
Admission Fees:	
Examination Fees:	

Interview (Oral)

Intonation:	
Pronunciation:	
Description:	

DECLARATION

I Son / Daughter of

hereby declares that all of the above information are true and correct to the best of my knowledge. If any information found false, university shall be free to cancel my admission. I understand and agree that misinterpretation or omission of facts will justify the denial of my admission.

I accept the terms and conditions of the University for the Admission.

Place:

Date:

Signature of Candidate:

* For Office Use only

Student Checklist Verified by:	
Admission Officer in Charge:	
Admission Fee:	
Remarks	
Documents Verified by:	
Admission Department Head	