



MINISTRY OF CIVIL SERVICE AND ADMINISTRATIVE REFORMS
MAURITIUS

Ministry of Civil Service and Administrative Reforms
Circular Letter No 70 of 2014
E/75/140/01

08 October 2014

From: Senior Chief Executive, Ministry of Civil Service and Administrative Reforms

To: Supervising Officers i/c Ministries/Departments

JICA long term training program "Master's Degree Program and Internship Program" of African Business Initiative for Youth (ABE Initiative) (2nd Batch: 2015)

The Japanese Authority through the Japan International Cooperation Agency (JICA) Office in Madagascar is inviting participation in the JICA Long term training program ABE Initiative (African Business Education Initiative for Youth). The Long term training Program offers a combination of research, master program and Internship Program for a maximum of three years.

2. The program intends to foster excellent personnel who can recognize and understand the contexts of Japanese Society and systems of Japanese enterprises so as to contribute to Africa's development in collaboration with Japanese private sector. The expected outcome of the program is a network of potential contributors to the development of African Industries who will also lead Japanese private sector to engage further in economic activities in/towards Africa.

3. All costs of participation will be borne by JICA.

4. Interested candidates should submit their applications in triplicate on the enclosed application form together with the undermentioned documents to the Human Resource Development Division of this Ministry, 4th Floor, Atom House, Royal Street, Port Louis by Friday 17 October 2014 at latest by noon through their respective Supervising Officer:

- Survey forms
- Undertaking forms
- Application Forms
- Supporting documents according to the application materials required

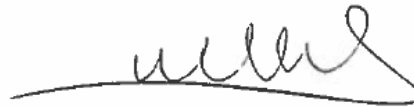
5. Details of the programmes, admission requirements and application materials are enclosed. One fully completed set of application should be submitted directly by the applicants to JICA Office in Madagascar by 31 October 2014 at latest. The final decision to award a fellowship to the nominee rest solely with the donor country.

.../2

6. The selected candidates who will be granted study leave on full pay will be required to enter into a bond in accordance with the provisions in force. After successful completion of the training course, the officer should actively contribute towards the implementation of government policies and achievement of organisational objectives. The nominee should also be prepared to impart the newly acquired knowledge and expertise to other officers.

7. This Circular Letter together with the application form may also be downloaded from this Ministry's website <http://civilservice.gov.mu>. For any additional information, you may contact Mrs J. Narayanasami Reddi on Tel: 212-1882.

8. It would be appreciated if the contents of this Circular Letter with the attached documents could be brought to the attention of eligible officers serving in your Ministry/Department.



S. Seebaluck
Senior Chief Executive

Copy to: Secretary to Cabinet and Head of the Civil Service

*Please sign all the pages on the bottom of right-hand corner
 *This form should be completed in typed English

Reg.No. _____

Master's Degree and Internship Program of the African Business Education Initiative for Youth
 (ABE Initiative) 1st Batch
APPLICATION FORM

2. Personal Information

(1) Nationality (as shown in your passport) :

- Republic of Kenya United Republic of Tanzania
 Republic of Mozambique Republic of South Africa
 Other _____

(2) Name of applicant (Write in BLOCK LETTER, as in the passport.)

Family Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Paste a recent photograph here
 (Should have been taken within the past three months)

Please write your name on the back of the photo
 size: 4 x 3
 ※DO NOT STAPLE※

(2) Name of Organization: _____

(3) Date of Birth: (day)____ / (month)____ / (year)_____

(4) Age (as of 1st April 2014)_____ (5) Sex: [] M / [] F

(6) Marital Status: [] Single / [] Married / [] Engaged

(7) Current Home Address: _____

(8) Current Postal Address: _____

(9) Mobile Phone: _____ (10) Home Phone: _____

*If you do not have a phone at home, please provide the phone number of a contact person:

Name & Relationship (Family or Relative): _____ Phone: _____

(11) E-MAIL Address: _____

(12) Confirmation of the nomination by the applicant's current organization/ institute
 I agree to nominate this person on behalf of our organization/ institute.

Date:	Signature:
Name:	Official Stamp
Position:	
Department:	
Organization:	
Telephone:	E-mail:

*Please sign all the pages on the bottom of right-hand corner
 *This form should be completed in typed English

4. Work Experience

Provide your work experience starting with the most recent and attach another sheet if additional space is needed. Full-time jobs, Part-time jobs and jobs before graduation from university can be included.

(1) Work Experience (as of application)

Organization	Department	Position	Period of Working	From /To (Month/Year)	Full-time or Part-time	** Type
Ex. Ministry of ***	*** Section, ***Directorate	Head	3 years	9/1999 to 6/2003 Month/Year Month/Year	Full	A
(Most recent)				/ to / Month/Year Month/Year		
				/ to / Month/Year Month/Year		
				/ to / Month/Year Month/Year		
				/ to / Month/Year Month/Year		

**For the type of organization above, please choose from the following:

- A. Private Sector B. Ministry/Governmental Institution
- C. Higher Education and TVET(Technical and Vocational Education and Training) Institutions D. Others

Total years of full-time job experience: _____ year(s) _____ month(s)

Total years of part-time job experience: _____ year(s) _____ month(s)

(2) Name of your current employer: _____
 *Do not abbreviate the name.

(3) Name of current department: _____
 *Do not abbreviate the name.

(4) Your Current Occupation (including Position Title)

(5) Work address: _____

(6) Work phone: _____ Fax: _____

6. Career Plan after Graduation

Considering the prospective fields of study which you indicated on page 1, how do you intend to utilize your knowledge, skills and experiences that you obtained in Japan after you returned to your home country? Keep in mind that the aim of the ABE Initiative is that you not only contribute to the development of industries within your country, but also utilize the networks that formed while in Japan, and continue to foster relationships between your country and Japan.

- (1) Your answer must be typed **and 400-500 words in length**
- (2) If the space below is not enough, please attach separate sheet of A4 sized paper to this page.
- (3) Do not forget to sign each page of the attachment.

*Please sign all the pages on the bottom of right-hand corner

*This form should be completed in typed English

8. Declaration

I, (print your full name) _____
 declare that I apply for the Master's Degree and Internship Program of the African Business Education Initiative for the Youth (ABE Initiative) with a full understanding of the "Application Guidelines for ABE Initiative", especially the articles stipulated below:

1. All the information answered and provided in this application form by me is true and accurate to the best of my knowledge and ability. My application will be cancelled if any information is proven to be false.
2. All the information provided by me in this application form had been approved by my supervisor in my organization. (Required only for Governmental Officials (including public organizations) and/or Educators.)
3. An application form which is incomplete or missing any necessary document(s) will be deemed ineligible and not considered..
4. The selection procedure and results rest entirely with the secretariat of ABE Initiative Program. No inquiries or objections by applicants regarding the result of the selection process will be considered.
5. If any act of dishonesty is found other than those above in the application and selection, I am to lodge no complaint about cancellation of the application.
6. The objective of the program is to provide African citizens the opportunity to study in Japan at the master's level in order to support industrial development of their country while broadening and strengthening the linkage between their country and Japan. Therefore, I will participate in observation tours of companies, a summer internship program, and a post graduate internship program as determined by JICA.
7. I understand that I am required to contribute to the development of my nation's relationship with Japan after completing the Master's degree in Japan.
8. I understand that the objective of this program is not to provide employment in Japan upon completion of the ABE Initiative.
9. I agree that my personal information in the application form, provided to JICA, will be used for the purpose of the implementation of the ABE Initiative Program, and the information will also be supplied to the related university and enterprises.

Signature: _____

(*Please sign at the bottom of all the pages including this page)

Date: (day)____/(month)____/(year)_____

MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT

Undertaking by the Applicant / Nominee

I have taken cognizance of the terms and conditions of the Training Award.

If accepted for a training award, I **undertake** to -

- (i) carry out such instructions and abide by such conditions as may be stipulated by both the nominating and host Government and the sponsoring Government / agency / organisation in respect of the course of training;
- (ii) follow the full course of training / study and abide by the rules and regulations of the university / institution / establishment in which I undertake to study or gain training;
- (iii) refrain from engaging in political activities, or any form of employment for profit or gain;
- (iv) submit any progress report which may be required / prescribed by the university / institution / establishment / sponsor / host Government;
- (v) return to my home country promptly upon completion of the course of study / training; and
- (vi) pledge to observe the laws and regulations, and respect the local customs of the host country where the study / training course will be held.

I also fully understand that if I am granted a fellowship / training award, it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government / sponsoring agency.

Signature of Applicant / Nominee :

Name in print :

Date :

MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT

SURVEY FORM

SECTION A – PARTICULARS OF CANDIDATE

- (i) Ministry/Agency submitting nomination
- (ii) Name of Candidate: Surname (Mr/Mrs/Miss)
Other Names
- (iii) Date of Birth:
- (iv) Age:
- (v) I.D No:
- (vi) Designation:
- (vii) Qualification:

SECTION B – COUSE DETAILS

- (i) Type of training: Course Seminar Workshop Symposium Conference
Study Tour Visit Other (to be specified) (Tick as appropriate)
- (ii) Title:
- (iii) Duration: Weeks
- (iv) Dates: From To:
- (v) Organisation/Training Institution
- (vi) Country:
- (vii) Financing Institution/Organisation

SECTION C – FELLOWSHIP DETAILS

- (i) Costs to be met by donor Country/Agency:
- (ii) Costs to be met by Government: Estimated costs:

SECTION D – OTHER TRAINING FOR WHICH THE CANDIDATE HAS BEEN NOMINATED

- (i) Type of training: Course Seminar Workshop Symposium Conference
Study Tour Visit Other (to be specified) (Tick as appropriate)
- (ii) Title:
- (iii) Duration: Weeks
- (iv) Dates: From To:
- (v) Organisation/Training Institution
- (vi) Country:
- (vii) Financing Institution/Organisation
- (viii) Status of Nomination: Materialised Under consideration Rejected Withdrawn
(Tick as appropriate)

SECTION D – DETAILS OF PREVIOUS TRAINING FOLLOWED ABROAD BY OFFICER OVER THE LAST THREE YEARS

Type of Training	Title	Country	Financing Institution	Duration (Weeks)	Date	
					From	To

I certify that the information provided above is accurate.

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Candidate's Signature

Date: Tel No.:

Certified correct by reporting Officer *

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Name:

Designation:
Date: Tel No.: