



## TOMPI SELEKA COLLEGE OF AGRICULTURE ALUMNI ASSOCIATION

### REGISTRATION FORM

SURNAME						
FULL NAMES						
GENDER  (Mark with 'X')	Male			Female		
CONTACT NUMBER						
EMAIL ADDRESS						
HOMELAND/PROVINCE (During Tompi Seleka study years)						
YEAR OF COMPLETION (Tompi Seleka College)						
CURRENT HIGHEST QUALIFICATION  (Mark with 'X')	CERT.	DIP.	B.DEG.	H.DEG.	M.DEG.	PhD
EMPLOYMENT  (Mark with 'X')	Public sector		Private sector	Self employed	Retired	
PROVINCE (Current employment)						
PROVINCE (Current home)						
AGE  (Mark with 'X')	Below 35		35-54	55-65	Above 65	
POSSIBLE CONTRIBUTION/ASSISTANCE TO THE COLLEGE  (Mark with 'X')	Visiting lecturing					
	External/internal practical demonstrations					
	Placement of current students for experiential training					
	Research supervision					
	Adopt a student for mentoring					

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Signature

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Date