

**APPLICATION FOR THE
PROFESSOR ROB GOUS SCHOLARSHIP 2020**

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|----------------------------------|----------------------------|
| UNIVERSITY | |
| FULL NAMES | |
| ADDRESS (during term) | ADDRESS (Other) |
| Tel: | |
| NATIONALITY AND ID-NUMBER | |
| DATE OF BIRTH | |
| COURSE | |

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| <p>EXAMINATION RESULTS</p> <p>(A study record issued by the University must be attached.)</p> <p align="center">*** PLEASE MARK NUTRITIONAL SUBJECTS CLEARLY ***</p> |
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| POST-GRADUATE DEGREE ENROLLED FOR AT PRESENT |
| |
| TITLE OF RESEARCH PROJECT |
| |
| *** ATTACH MOTIVATION FOR THE PROJECT *** |

| INVOLVEMENT IN ACTIVITIES ON CAMPUS | |
|--|--------------------|
| ACTIVITY | INVOLVEMENT |
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| INVOLVEMENT IN AGRICULTURAL ASSOCIATIONS, ETC. | |
|---|--------------------|
| ACTIVITY | INVOLVEMENT |
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| SIMPOSIA/SEMINARS ATTENDED | |
|-----------------------------------|----------------|
| SEMINARS | COMPANY |
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| INVOLVEMENT IN ACTIVITIES OUTSIDE THE UNIVERSITY | |
|---|--------------------|
| ACTIVITY | INVOLVEMENT |
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| EXPERIENCE OF FARMING AND/OR FEED INDUSTRY |
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ANNEXURES:

- 1. Examination results
- 2. Motivation for research project
- 3. Copy of a final year seminar
- 4. Motivation for application

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SIGNATURE

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DATE

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|---|--------------------------------|
| RECOMMENDATION OF DEPARTMENT / FACULTY | |
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| | |
| SIGNATURE | DATE |
| CAPACITY | |
| NAME | CONTACT NUMBER |

