



TSOLO AGRICULTURE AND RURAL DEVELOPMENT INSTITUTE

P/ B X 1008, TSOLO, 5170, EASTERN CAPE, REPUBLIC OF SOUTH AFRICA

TEL. 047 542 3700/0109/0118/0131, E-MAIL: admissions.tardi@drdar.gov.za

2024

APPLICATION FOR ADMISSION

1st CLOSING DATE FOR APPLICATIONS IS 30 NOVEMBER 2023

(APPLICATION FEE of R200 APPLIES UNTIL 30 NOVEMBER 2023).

2nd CLOSING DATE FOR LATE APPLICATIONS IS 31 DECEMBER 2023

(LATE APPLICATION FEE of R250 APPLIES IF SENT BETWEEN 1ST - 31 DECEMBER 2023)

THEREAFTER NO SUBMISSIONS WILL BE ACCEPTED EXCEPT IN EXCEPTIONAL CIRCUMSTANCES AS PER ADMISSION POLICY AS CONTAINED IN THE TARDI PROSPECTUS (Check www.tardi.ac.za for the admissions policy).

APPLICATION FOR ADMISSION: 2024 ACADEMIC YEAR

INSTRUCTIONS:

1. Complete all the compulsory SECTIONS.
2. Please complete the form in BLOCK LETTERS and mark the box with an X where appropriate.
3. A non-refundable application fee of R200 must accompany this application if sent on/or before **30th November 2023**, attach a **Proof of Payment (PoP)** with the application.
4. A non-refundable late application fee of R250 must accompany this application in case of late application *which* should be submitted for consideration on or before **31st December 2023**, attach **Proof of Payment (PoP)** with the application.
5. Recently certified documents (Identity document, Grade 11 Final results and/or Grade 12 certificate)
6. All admitted and registered students must reside on campus
7. Were you previously admitted at TARDI previously, Yes/ No
8. if YES, please indicate Student Number _____
9. Payment of the application fee, as per details in the box below
10. Note that TARDI subscribes to all current South African legislation relevant to information sharing, including POPIA.

The application fee must be deposited beforehand at:

ABSA BANK

ACCOUNT Number: 41-0021-5137

Account name: Dept. of Rural Dev & Agrarian Reform

Branch code: 632005

Branch: ABS EC PUBL SECTOR

In the **reference** column, please fill your **surname and initials**

Send the deposit slip as proof of payment with the application form

¹ Exceptional Circumstance refers to **superior pass rate above our normal admission rate** and/or confirmation of bursary funds from a reliable and verifiable organisation.

1. PERSONAL DETAILS OF APPLICANT

TITLE: _____ SURNAME: _____

FIRST NAME: _____

MAIDEN NAME (If applicable): _____

DATE OF BIRTH: _____ ID NO.: _____

MARITAL STATUS: Single Married Divorced Widowed

GENDER: Male Female

POPULATION: Black Coloured White Other

NATIONALITY: _____

CITIZENSHIP (If not South African): _____

HOME LANGUAGE: _____ RELIGION: _____

POSTAL ADDRESS (**Do not indicate your school address**): _____

_____ Postal Code: _____

TELEPHONE NO: (Home) _____ (Work) _____

CELL _____

E-MAIL ADDRESS: _____

HOME ADDRESS/RESIDENTIAL ADDRESS: (**Please do not indicate your school address**)

_____ Postal Code: _____

LAST HIGH SCHOOL ATTENDED: _____

DATE MATRICULATED: _____

NB: PLEASE ATTACH A CERTIFIED COPY OF YOUR GRADE 11 RESULTS AND/OR GRADE 12 CERTIFICATE OR SYMBOLS.

2. PREVIOUS AND CURRENT TERTIARY STUDIES²

STUDENT NUMBER	INSTITUTION	DEGREE/DIPLOMA	COMPLETED	NOT COMPLETED

RECOGNITION OF COURSES FROM OTHER RELEVANT TERTIARY INSTITUTIONS

It is imperative that you fill this application completely and correctly.

If you wish to apply for an exemption and or recognition of courses already completed from another tertiary institution? (Following your admission, you will have to complete an Exemption Application Form obtained from the Quality Assurance Office).

This is subject to the discretion of the institute and the courses passed must carry an equivalent weight or weight above the course offered at TARDI). Proof of the what is contained in the course/module with an original copy of Academic Record will be required.

3. DETAILS OF NEXT OF KIN (e.g. Parent/ Guardian/ Spouse) COMPULSORY SECTION

TITLE: _____ SURNAME AND NAME _____

ADDRESS: _____

_____ Postal Code: _____

TELEPHONE NO: (Home) _____ (Work) _____

FAX NUMBER: _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER DETAILS:

NAME OF EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____

_____ POSTAL CODE: _____

4. GENERAL COMMENTS:

(Specify any other information which you think is relevant to support your application)

² In order to qualify to apply for exemption and/or accreditation of passed modules from another institution, you must have filled in the details of that education here.

5. PLEASE INDICATE HOW YOU GOT TO KNOW ABOUT TARDI DIPLOMA IN ANIMAL HEALTH

We will monitor this and use this information to monitor and improve the services we offer to applicants and prospective students		
How did you get to know about this program?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> School visits	<input type="checkbox"/> TARDI website
<input type="checkbox"/> Church/Conference	<input type="checkbox"/> Career Exhibition	<input type="checkbox"/> Friends/family
<input type="checkbox"/> Friends/family studying at TARDI	<input type="checkbox"/> Alumni	<input type="checkbox"/> Others (Specify)

6. DECLARATION

1. I have read and understood the contents of this application. I declare that to the best of my knowledge and belief, the above information is correct and that should the information be found incorrect and misleading, my application may be invalidated.
2. If I am a minor, my admission to the Institute is subject to consent of my parent/ guardian.
3. I undertake to abide by the rules of the Institute.
4. I am responsible for the payment of all fees and other charges due and payable by me to the Institute each year. If I am in arrears, I will be liable to pay interest at the rate determined by the Institute from time to time from due date until date of payment.
5. I hereby waive all claims against the Institute of any damages or loss suffered while I am, or as a consequence of my being, a student of the Institute and arising out of death, bodily injury, loss of health or illness suffered by me or any other person and loss or destruction of, or damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the Institute or any official, employee or representative of the Institute. I or my estate hereby indemnifies the Institute against any claims by any person arising in any way as stated above in respect of my own negligent or willful acts or omissions.

Signature of Applicant (if over 18 years) Date: _____

Signature of Parent/ Legal Guardian or Next-of-Kin (if under 18 years) Date: _____

* Note: An applicant under the age of 18 must have this form signed by either his/her parents. Where an applicant has no parents (e.g. they are deceased) a legal guardian is normally officially appointed: In such cases the legal guardian must sign this form. If you do not have a parent or legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make the declaration and undertaking, must sign with you. The details of this person must be listed under parent/guardian or next of kin section of this form.

Incomplete application forms or forms submitted without all necessary documentation and application fee will not be considered. Attention should be paid to the following:

	(Please tick)
Have you signed this form?	<input type="checkbox"/>
Have you enclosed a deposit slip as stated in the application form?	<input type="checkbox"/>
Have you enclosed a copy of Identity Document?	<input type="checkbox"/>
Have you enclosed certified copies of your certificates and original school reports?	<input type="checkbox"/>
If you have attended a higher education institution, have you enclosed a certified copy of your academic transcript?	<input type="checkbox"/>
<p>Return the completed application forms and supporting documentation to this postal address: The Registrar (Application for Admission 2024) Tsolo Agriculture and Rural Development Institute P/Bag X1008 Tsolo 5170</p> <p>OR Email Application to: admissions.tardi@drdar.gov.za</p> <p>For any enquiries contact us at: Attention Ms. Vatho Mtima (Data Capturer) Tel: +27 47 542 3700/0109/0118/0131/3751 Fax: 086 715 1481 Email: admissions.tardi@drdar.gov.za</p>	

³ Please ensure you receive an automatic response after you have pressed SEND. If this isn't received, please RESEND your application.



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APPLICATION FOR RESIDENCE ACCOMMODATION 2024

SURNAME

FIRST NAMES

ID NUMBER

I _____ hereby declare that I will abide by all rules and regulations governing hostel accommodation⁵. I do accept that I am using the Institute's hostels at my own risk as the Institute will accept no responsibility in case of injury, loss of life or property.

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR OFFICE USE ONLY

Residence Allocation: Yes No

Block _____

Room Number: _____

Signature of Official: _____

Date: _____

⁴ Residence applications will only be considered once a student has been accepted into the program.

⁵ Complete set of rules governing the accommodation can be found on the TARDI Prospectus online @ www.tardi.ac.za