***CONFIDENTIAL***  **UBA FORM 3**

**UNIVERSITY OF HEALTH AND ALLIED SCIENCES**

***ANNUAL ACADEMIC RECORD FORM FOR SENIOR MEMBERS***

(To be completed in Triplicate)

***YEAR***

1. Name:

**IN BLOCK LETTERS**

1. Present Appointment:
2. Degrees and other awards, indicating institutions which awarded them with dates:

1. Research conducted:

1. Publications arising out of the research:

1. Academic Ranks and Subjects taught with dates (lectures, tutorials, seminars, supervision of students, etc.)

1. Boards and Committees on which you served:

1. Extension Activities:

Date: Signature:

1. Assessment by Head of Department :

Date: Signature:

1. Comments by Senior Member

Date: Signature:

1. Comments of the Dean of School (If any):

Date: Signature