**UNIVERSITY OF HEALTH AND ALLIED SCIENCES**

**RENEWAL OF APPOINTMENT**

1. **PERSONAL PARTICULARS**
2. Name:
3. Department:
4. Degrees, Honours, and other Qualifications (with dates and awarding Institutions ):

1. Present Appointment:

Date First Appointed to this position:

1. **STATEMENT OF WORK DONE SINCE LAST CONTRACT /RENEWAL YEAR**
2. Teaching (including an account of innovations or initiatives that you regard as important):

1. Research and Consultancy (an account of work in progress and work completed since last contract/renewal):

1. Other (Academic/Professional) Activities: (Conferences, Workshops, etc.):

1. Publications and other works: Attach separate list(s)

8.1 Refereed Publications and Books (with dates and publishers):

8.2 Others: (including Reports, Conference presentations, etc.):

1. Extension Activities:

 Signature Date

1. Comments by Head of Department:

1. Recommendation:

Head of Department’s Signature Date

1. Comments by School Appointments Review Board:

1. Recommendation by School Appointments Review Board:

 Dean’s Signature Date