## UNIVERSITY OF HEALTH AND ALLIED SCIENCES

## ANNUAL ACADEMIC RECORD FORM FOR SENIOR MEMBERS

(To be completed in Triplicate)

YEAR							
1.	Name:						
	IN BLOCK LETTERS						
2.	Present Appointment:						
3.	Degrees and other awards during current session, indicating institutions which awarded them with dates:						
4.	Research conducted:						

5.	Publications arising out of the research:				
6.	Academic Ranks and Subjects taught with dates (lectures, tutorials, seminars, supervision of students etc.)				

## **UBA FORM 3A**

7.	Boards and Committees on which you served:
8.	Extension Activities:
	Date: Signature:

9.	Assessment by Head of Department :			
	Date:	Signature:		
10.	Comments by Senior Member			

1. Comments of the Dear	n of School (If any):		
Date:		Signature	