

UNIVERSITY OF HEALTH AND ALLIED SCIENCES

RECORD FORM FOR SENIOR ADMINISTRATIVE/PROFESSIONAL STAFF

ACADEMIC YEAR: _____

(To be completed in triplicate)

1. Name (IN BLOCK LETTERS):

2. Present Appointment:

3. Degree and other awards during current session:

4. Details of schedules held:

5. Board/Committee on which you served and in what capacity:

6. Conferences, Special Seminars/Workshops attended and contributions made:

7. Major Projects or Assignments undertaken:

8. Publications/ Major Reports and Memoranda written:

9. Objectives for the Year:

10. How much was achieved:

11. What were the constraints against achieving all your objectives:

12. What recommendation(s) will you make towards overcoming/removing the constraints:

13. Extension activities and Hobbies:

Signature.....

Date.....

14. Assessment by Head of Department:

Signature..... Date.....

15. Comments by Staff being Assessed:

Signature..... Date.....

16. Comments by Registrar:

17. Recommendation by Registrar:

Signature.....

Date.....