UNIVERSITY OF HEALTH AND ALLIED SCIENCES

SENIOR ADMINISTRATIVE/PROFESSIONAL STAFF

RENEWAL OF APPOINTMENT

(a) PERSONAL PARTICULARS

1. Name:_____

2. Department/Directorate:_____

3. Degrees, Honours, and other Qualifications (with dates and awarding Institutions):

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

4. Present Appointment:_____

   Date of Appointed to this position:_____

(b) STATEMENT OF WORK DONE SINCE LAST CONTRACT /RENEWAL YEAR

5. Details of Schedules held (including an account of innovations or initiatives that you regard as important):

   _____

   _____

_____

_____

_____

_____

_____

_____

_____

6. <u>Details of Major Administrative Projects or Assignments undertaken</u> (an account of work in progress and work completed since last contract/renewal):

_____

_____

_____

_____

_____

_____

_____

7. <u>Other Activities</u> (Conferences, Special Seminars and Workshops attended and contributions made):

_____

_____

_____

_____

_____

_____

8. 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.):

9. Extension Activities:

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____   _____
                Signature   Date

10. <u>Comments by Head of Department/Directorate:</u>

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

11. <u>Recommendation:</u>

_____

_____

_____

_____

_____

_____   _____
Head/Director's Signature   Date

12. <u>Comments by Registrar Appointments and Promotions Review Committee:</u>

_____

_____

_____

_____

_____

13. Recommendation by Registrar Appointments and Promotions Review Committee:

_____

_____

_____

_____

_____

_____   _____
Registrar's Signature   Date