

CONFIDENTIAL

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:

9. Assessment by Head of Department : _____

Date: _____ Signature: _____

10. Comments by Senior Member

Date: _____ Signature: _____

