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FEDERAL UNIVERSITY OF HEALTH SCIENCES AZARE

***(Office of the Registrar)***

**CONFIDENTIAL**

**ANNUAL PERFORMANCE EVALUATION REPORTS FOR ACADEMIC STAFF**

**PERIOD OF REPORT ………………………............…………… SESSION………………………………………….**

**File No.:…………...................... Phone No:.................................................................**

 **Email:.......................................................................**

**PART A**

(To be completed by member of staff)

**NOTE:** (A) Information should be clearly written

 (B) Two (2) copies of the form are to be completed

1. Name: .................................................………….……………..........................……….…...………………………………….....

 (Surname) (Other Names)

1. Date of Birth: ………………………………………………………………………..........................……………………………….............
2. Nationality: .....................................................................................................................................................
3. Faculty: …………………………………………..................... Department: ……………..............………………………………….....
4. Date of First Appointment (Date of Assumption of Duty): …..……..........................…………………………............
5. Date of Confirmation of Appointment: ..........................................................................................................

5. APPOINTMENTS/PROMOTIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **Promotion** | **Date** | **Position** | **Salary** |
| First Appointment |  |  |  |
| 1st Promotion |  |  |  |
| 2nd Promotion |  |  |  |
| 3rd Promotion |  |  |  |
| 4th Promotion |  |  |  |
| 5th Promotion |  |  |  |
| 6th Promotion |  |  |  |
| Current Position |  |  |  |

**6. QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degrees and Diplomas** | **Date** | **School** | **Specialization** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**7(a). ACHIEVEMENT SINCE LAST PROMOTION**

Please attach additional publications, Conference papers, reports on ongoing Research (etc)

**7(b). LIST OF PUBLICATIONS**

(Please complete Form 12 c and attach photocopies of all publications)

**8. COURSES TAUGHT DURING THE PERIOD OF REPORT**

i.e Last two semesters, Give course numbers/code units per semester. Where there was more than one lecturer for a course, indicate your own contribution and teaching load.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Course Number | Units | Contact Hours | If shared, state your contact hours/contribution | Semester |
| i |  |  |  |  |  |
| ii |  |  |  |  |  |
| iii |  |  |  |  |  |
| iv |  |  |  |  |  |
| v |  |  |  |  |  |
| vi |  |  |  |  |  |
| vii |  |  |  |  |  |
| viii |  |  |  |  |  |
| ix |  |  |  |  |  |
| x |  |  |  |  |  |
| xi |  |  |  |  |  |
| xii |  |  |  |  |  |
| Total Contact Hours  |  |  |  |  |

**9. PROFESSIONAL PRACTICE (You may wish to attach a report)**

10. ACADEMIC/ADMINISTRATIVE RESPONSIBILITY/LEADERSHIP WITHIN AND OUTSIDE THE UNIVERSITY (e.g. Deputy Vice-Chancellor, Deanship, Directorship, Member of Boards and Committees)

|  |  |
| --- | --- |
| Position | Period |
|  |  |
|  |  |
|  |  |
|  |  |

11. ANY OTHER INFORMATION THAT MAY ASSIST THE COMMITTEE IN DETERMINING YOUR PERFORMANCE DURING THE YEAR

 ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....................................................………………………....................................

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 ………………………...…………………… ………………......…………………………

 Date Signature

**PART B**

(This section is to be completed by the Head of Department. The Dean is expected to complete this part in respect of Heads of Department)

**12. ASSESSMENT AND COMMENTS BY THE HEADS OF DEPARTMENT**

(A) Certification of the information contained in Part A

 I certify that the information contained in Part A is correct to the best of my knowledge.

………………………………………………………………………………………………………….............................………………

**(B) Eligibility Score**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CRETERIA** | Prof. | Read­er or Equiva­lent | Snr Leet. or Equiva­lent | Lect. I or Equiva­lent | Lect. II or Equiva­lent | Asst Lect | G. Asst |
| MSc | PhD | Med.Fellowship | MSc | PhD |
| Qualification\* |  |  |  |  |  |  |  |  |  |  |
| Teaching Experience\*\* |  |  |  |  |  |  |  |  |  |  |
| Time in Rank |  |  |  |  |  |  |  |  |  |  |
| Teaching load/Quality |  |  |  |  |  |  |  |  |  |  |
| Postgraduate Supervision/Graduation |  |  |  |  |  |  |  |  |  |  |
| Research/Publication |  |  |  |  |  |  |  |  |  |  |
| Research Impact |  |  |  |  |  |  |  |  |  |  |
| Academic Leadership/ Administrative Responsibili­ties |  |  |  |  |  |  |  |  |  |  |
| University Community/ Public Service |  |  |  |  |  |  |  |  |  |  |
| Professional Practice/Activities |  |  |  |  |  |  |  |  |  |  |
| Total minimum Eligibility Score |  |  |  |  |  |  |  |  |  |  |

NOTE \* For Qualifications – only the highest achievement will be considered in scoring. Seven (7) points for Master and Ten (10) points for Ph.D/Medical Fellowship.

\*\* At University Level

**(C) Assessment of Publications.**

 Please complete the attached Form 12 C

(D) General Comments by the Head of Department

 ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

E. Recommendation

 ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….......................................................……………………………………………

 ……………………………………………….......

 Name (Print)

 …………………………………………….. ………………………………………………..

 Date Signature of Head of Department

NOTE: Heads of Department are enjoined to make their recommendations in accordance with the guidelines on Appointments, Promotions and Discipline as in the University Regulations.

**PART C**

(To be completed by the Dean)

**13. COMMENT BY THE DEAN**

(a) I endorse the comments and recommendations of the Head of Department:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

(b) I do/do not agree with the comments and recommendations of the Head of Department for the following reasons

 ………………………………………………………………………………………………................…………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….......................................................……………

 ………….......………………………………………..

 NAME (Print)

……………………………….………….. ………………………........…………………………..

 Date Signature of Dean

**PART D**

14. COMMENTS BY THE VICE-CHANCELLOR

(a) The Vice-Chancellor is expected to complete Parts B & C above in respect of Appraisal Forms from Deans, Directors and Professors.

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 Date Signature of the Vice-Chancellor