APPLICATION FORM FOR CONFIRMATION IN SERVICE

A. PERSONAL DETAILS (To be filled by Applicant)

Staff File Number:	
Name:	
Current Rank:	
Desired Rank:	
Department / Unit:	
Faculty/Institute:	
Date of Birth:	
Date of Appointment:	
Signature of Applicant:	
Date:	
B. PERFORMANCE (To be filled (a) Comments on applicant's perfo	ormance. (Attach performance appraisal form).
(b) Comments on applicant's achie	evements. (Attach statement of achievement).
(c) Recommendation whether to c	onfirm or not to confirm (give clear reasons)
Names of Head of Department:	
1	
Signature	Date
A. ACTIONS BY THE APPOIN	TMENTS BOARD
(a) Date received by Director Human	n Resources:
(b) Minute of Appointment	
(c) Action by Appointments Board:	
(d) Date:	