



**(c) Confirmation of the validity of publications by the Director Quality Assurance**

I confirm that the publications above that have been submitted by Dr/Mr/Ms \_\_\_\_\_ have passed the plagiarism test and that they are NOT in predatory journals.

Name of Director Quality Assurance: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name of anti-plagiarism software used (NB: Director to keep plagiarism reports on file and give a copy to the applicant): \_\_\_\_\_

List of predatory journals used: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**D. STUDENT SUPERVISION**

**(a) PhD students supervised to completion**

S/N	Name	Registration Number	Date of completion

**(b) Academic Registrar's confirmation of PhD students supervised to completion:**

I confirm that Dr/Mr/Ms..... supervised the above listed students to completion.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**(c) Master's degree students supervised to completion**

S/N	Name	Registration Number	Program	Date of completion

**(d) Academic Registrar's confirmation of the Master's degree students supervised to completion:**

I confirm that Dr/Mr/Ms..... supervised the above listed students to completion.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**E. EXTRAMURAL (e.g. RESEARCH) GRANTS**

**(a) Research grants won (*list from the most recent*)**

S/N	Name / Title	Grant Number	Amount (in foreign currency and UGX)	Date of start and completion

**(b) Confirmation of the above Grants by the Head of Grants Management Office**

I confirm that Dr/Mr/Ms.....won all the grants listed above.

Name of Head MGO: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**(c) Confirmation of the above Grants by University Secretary (US)/Accounting Officer Management Office and**

I confirm that Dr/Mr/Ms.....won all the grants listed above.

Name of US: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**F. INNOVATIONS**

**(a) List of Innovations**

S/No	Item	Registration Number
1	Patent	
2	Utility model	
3	Copyright	
4	Product	
5	Trademark	

**(b) Confirmation of Innovations by the University Secretary/Accounting Officer**

I confirm that Dr/Mr/Ms.....has made all the innovations listed above.

Name of US: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**G. SERVICE TO THE UNIVERSITY (ATTACH LETTERS)**

**(a) Headship or membership of a university faculty/institute/department or Committee**

S/No	Item / Position	Department / Unit	Date of appointment
1	Dean / Director		
2	Deputy Dean/Deputy Director		
3	Head of Department		
4	Membership to committees (University or Faculty)		

**(b) Confirmation service to the University by the Director Human Resources (DHR)**

I confirm that Dr/Mr/Ms \_\_\_\_\_ has served the university in the capacities stated above.

Name of DHR: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**H. SERVICE TO THE COMMUNITY (Attach Letters)**

S/No	Activity	Location	Date of activity
1			
2			
3			
4			

**I. OTHER ACADEMIC ACTIVITIES**

**(a) External examination (attach letters)**

S/No	Student name and Registration number	Institution	Date of examination
1			
2			
3			
4			

**(b) Internal Examination**

S/No	Student name and Registration number	Department	Date of examination
1			
2			
3			
4			

**(c) Confirmation of the internal examination by the Academic Registrar**

I confirm that Dr/Mr/Ms \_\_\_\_\_ examined the students listed in (b) above.

Name of Academic Registrar: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**J. CONFERENCE PRESENTATION (Attach letters)**

S/No	Conference Theme	Location	Date
1			
2			
3			
4			

**K. APPLICANT'S SIGNATURE AND DATE**

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

Date of submission of application: \_\_\_\_\_

**L. COMMENTS AND RECOMMENDATIONS**

**(a) Comments and recommendation by Head of Department** (and attach Minutes of the Departmental Appointments and Promotions Committee).

.....  
.....  
.....  
.....

Names of Head of Department \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**(b) Comments and recommendation by Dean of Faculty/Director of Institute** (and attach Minutes of the Departmental Appointments and Promotions Committee)

.....  
.....  
.....  
.....

Names of Head of Department \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**M. SUBMISSION TO THE APPOINTMENT BOARD AND SUBSEQUENT ACTIONS**

(a) Date received by Director Human Resources: \_\_\_\_\_

(b) Preliminary action taken by the Appointments Board:

.....  
.....

(c) **Vetting of publications, book chapters and book(s) (where necessary)**

Date	Action	Status	Comments
	Documents sent to AR		
	AR has identified vetters		
	Documents sent to vetters		
	Vetter reports have been received		
	Vetters reports sent to AB		

(d) **Date vetters reports received by Director Human Resources:** .....

(e) **Final action by the Appointments Board:**

.....

**Date:** \_\_\_\_\_