

**APPLICATION FOR FACULTY AWARD – ACADEMIC YEAR 2020/2021
FACULTY OF VETERINARY MEDICINE AND ANIMAL SCIENCE**

PERSONAL DATA

Name in Full (Block letters):

.....

Student Registration Number:

Batch:

Contact Number:

E-mail address:

1. ACADEMIC EXCELLENCE

| Semester | Subject | Grade | Year/ Month of Examination |
|----------|---|-------|----------------------------|
| | <i>Insert rows as necessary for each category</i> | | |
| | | | |
| | | | |
| | | | |

2. LEADERSHIP OF A RECOGNIZED BODY

| | Society/ Union | Nature of Membership (Specify the position held) | Capacity (Specify level: e.g. National, University, Faculty) | Year |
|---|----------------|---|---|------|
| 1 | | | | |
| 2 | | | | |
| | | | | |
| | | | | |

3. COMMUNITY SERVICE AND GOOD CITIZENSHIP

| | Community Service | Capacity (Group/ Individual) | Year |
|---|-------------------|------------------------------|------|
| 1 | | | |
| 2 | | | |
| | | | |
| | | | |

4. SPORTS

| | Name of the Competition | Level (e.g. International, World, Inter University, Inter Faculty) | Achievement (e.g. University Colours, Player of the Year, Best Athlete) | Year |
|----------|--------------------------------|---|--|-------------|
| 1 | | | | |
| 2 | | | | |
| | | | | |
| | | | | |

5. AESTHETIC OR TECHNICAL FIELDS

| | Name of the Event/ Competition | Capacity (International, National, University, Faculty) | Achievement | Year |
|----------|---------------------------------------|--|--------------------|-------------|
| 1 | | | | |
| 2 | | | | |

6. RESEARCH AND PURSUING NEW KNOWLEDGE

| | Type of Publication/ Presentation | Title | Forum (e.g. Name of Conference/ Event) | Contribution (e.g. Author/ Co-author/ Research Assistant) | Year |
|----------|--|--------------|---|--|-------------|
| 1 | | | | | |
| 2 | | | | | |

I do hereby certify that furnish details are true and correct to the best of my knowledge.

.....
Signature of the Applicant

.....
Date

-----To be completed by the Student Mentor-----

Application is Recommended/ Not Recommended

.....

Mentor

.....

Date

-----To be completed by the Head of the Department-----

.....

Head of the Department

.....

Date

-----**For Office Use only**-----

Check list

1. Submitted on time

| | |
|-----|----|
| Yes | No |
|-----|----|

2. Documentary evidence/ Appropriate evidence

| | |
|-----|----|
| Yes | No |
|-----|----|

3. Disciplinary Actions/ Legal Actions/ Punishments

| | |
|-----|----|
| Yes | No |
|-----|----|

4. Obtain PASS in 1st Attempt

| | |
|-----|----|
| Yes | No |
|-----|----|

5. Details provided under Academic Excellence are

| | |
|---------|-----------|
| Correct | Incorrect |
|---------|-----------|

6. **Short-listed for the Interview**

| | |
|-----|----|
| Yes | No |
|-----|----|