

SECRET



KATSINA STATE INSTITUTE OF TECHNOLOGY AND MANAGEMENT

P. M. B. 2101. KATSINA

Personal File No.:.....

Date:

The Registrar
Katsina State Institute of Technology and Management
Katsina

APPLICATION FOR CONFIRMATION OF APPOINTMENT

'SECTION A'

(To be completed by the Staff)

Name:

Rank:.....

Department :.....

Type of Appointment:

Date of first Appointment:

Date due for Confirmation:

Details of any extension of probationary period (if any):.....

.....

.....

Signature:..... Date:.....

'SECTION 'B'

RECOMMENDATION/REJECTION OF APPLICATION BY THE HEAD OF DEPARTMENT

(a) **Recommendation:**

I recommend the confirmation of appointment in respect of the above named staff based on his good performance and conduct as summarized below:

.....

.....

Name.....

Signature..... Date:.....

(b) **Rejection:**

I do not recommend the application based on the weak points of the staff as summarized below:.....

.....

Name:..... Signature/ Date:

SECTION C

COMMENTS BY THE DEAN (WHERE APPLICABLE)

In view of the submission in Section “B” above, I wish to comment as follows:

.....

.....

Name:

Sign & Stamp..... Date:

SECTION ‘D’

COMMENTS BY THE REGISTRAR

In view of the submission in Section “B & C” above, I wish to comment as follows:

.....

.....

Name:

Sign & Stamp..... Date:

SECTION ‘E’

ENDORSEMENT OF THE RECTOR

In view of the submission in Sections “B, C & D” above, I wish to endorse/reject confirmation of the officer’s appointment to the Establishment Committee for approval:

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.....

Name:

Sign & Stamp..... Date:

‘SECTION ‘F’

DECISION OF THE ESTABLISHMENT COMMITTEE

(To be conveyed by the Registrar)

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Signature: Date: