



11. Educational & Professional Qualifications: (Please attach certified copies)

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12. Experience (Please attach copies to certify positions)

| Period | Organization | Position | Nature of duties |
|--------|--------------|----------|------------------|
|        |              |          |                  |

13. Details of research and publications (If the space provided is insufficient attach a separate sheet):

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14. Briefly describe your interest in the position of Director/CICSUSL and outline the contribution you propose to make to the University in this role. (If the space provided is insufficient attach a separate sheet):

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15. Any other information that you consider as supportive of your application:

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 .....

16. Declaration by the applicant:

I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be canceled without any compensation.

.....  
 Date

.....  
 Signature of Applicant